

Case Number:	CM14-0099745		
Date Assigned:	07/28/2014	Date of Injury:	08/05/2008
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female who reported an injury on 08/05/2008. The mechanism of injury was not provided. On 04/22/2014, the injured worker presented with moderate sharp neck pain. Upon examination of the cervical spine, the range of motion was decreased and painful, with tenderness to palpation over the cervical paravertebral muscles. There was muscle spasm of the cervical paravertebral muscles and a positive Spurling's bilaterally. The diagnoses were cervical disc protrusion, cervicgia, and rule out cervical radiculitis versus radiculopathy. Current medications were not provided. The provider recommended topical compounds to include Cyclobenzaprine 2% and Flurbiprofen 25% 240 gm. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Topical compound to include Cyclobenzaprine 2% and Flurbiprofen 25% 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The provider's request does not indicate the frequency of the topical compound or the site that it is indicated for in the request as submitted. As such, the request is not medically necessary.