

Case Number:	CM14-0103450		
Date Assigned:	07/30/2014	Date of Injury:	09/14/2012
Decision Date:	03/23/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male who reported an injury on 09/14/2012 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his bilateral upper extremities. The injured worker's diagnoses included cervical, thoracic, and lumbar spine strain; cervical radiculopathy; lumbar radiculopathy; and bilateral carpal tunnel syndrome. The injured worker's treatment history included chiropractic care, physical therapy, medications, and a home exercise program. The injured worker was evaluated on 05/14/2014. The injured worker's medications included a topical compounded medication, including flurbiprofen, cyclobenzaprine, and menthol. Physical findings at that appointment included limited range of motion of the lumbar spine with tenderness to palpation of the paraspinal musculature. Evaluation of the right elbow documented decreased range of motion and tenderness over the lateral epicondyle. The injured worker also had limited range of motion of the bilateral wrists with decreased sensation in the median nerve distribution. The injured worker's treatment plan included obtained an electrodiagnostic study, a steroid injection, occupational therapy, chiropractic care, and continued use of the requested compound medication. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Cyclobenzaprine/menthol cream (20% 10%/ 14%) 180gram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested flurbiprofen/cyclobenzaprine/menthol cream (20%/10%/14%) 180 g is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the short term use of nonsteroidal anti-inflammatory drugs in a topical formulation. However, California Medical Treatment Utilization Schedule does not support the use of a muscle relaxant in a topical formulation. There are no exceptional factors to support extending treatment beyond guideline recommendations. There is no documentation of why the injured worker cannot tolerate an oral formulation of this medication. Furthermore, the request as it is submitted does not clearly identify a body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested flurbiprofen/cyclobenzaprine/menthol cream (20%/10%/14%) 180 g is not medically necessary or appropriate.