

Case Number:	CM14-0172418		
Date Assigned:	12/24/2014	Date of Injury:	08/15/2013
Decision Date:	03/25/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 34 year old male, who sustained an industrial injury on 08/15/2013. On 1/17/15, the injured worker submitted an application for IMR for review of RETRO DOS 08/25/14, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, 120gm. The treating provider has reported the injured worker complained of low back pain. The diagnoses have included lumbar disc bulge and lumbar spine radiculopathy. The injured worker declined the left lumbar epidural steroid injections and now has decided he would like to follow through. Treatment to date has included lumbar x-rays (9/19/13), MRI Lumbar (9/26/13, EMG, chiropractic therapy, physical therapy, acupuncture and medications On 9/17/14, Utilization Review non-certified RETRO DOS 08/25/14, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, 120gm. The MTUS and ODG Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS 08/25/14, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, 120gm:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above RETRO DOS 08/25/14, Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, 120gm is not medically necessary.