MAXIMUS Federal Services

Case Number:	CM14-0189034		
Date Assigned:	11/19/2014	Date of Injury:	07/15/2011
Decision Date:	01/08/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This case involves a 61 year old female with an injury date of 07/15/11. Based on the 09/29/14 report, the patient complains of cervical spine, thoracic spine, lumbar spine, and left shoulder pain. The back pain level is at 6 out 10 and the left shoulder pain level is at 6 out 10 all the time. The patient has radiation of pain into the left arm and has extremely limited range of motion of the cervical spine. Examination of the cervical spine revealed decreased range of motion with tenderness to the paraspinals equally and hypertonicity in the trapezius muscle, left is greater than right side. There is decreased sensation and strength 4 out 5 on the left at C5, C6, C7, and C8. Examination of the thoracic spine reveals hypertonicity, left is greater than right, and tenderness to the paraspinals with decreased range of motion. Examination of the bilateral shoulders reveals slightly decreased range of motion secondary to the tightness of the trapezius and paraspinals of the thoracic spine. Her diagnoses include following: Multilevel disc disease with disc herniation and loss of alignment of the cervical spine; loss of lordotic curvature with actual kyphosis and osteophytes of the cervical spine; left parascapular myalgia; thoracic spine sprain/strain, rule out disc herniation; and non-industrial multiple sclerosis. The treating physician is requesting for Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180gm per 09/29/14 progress report. The utilization review determination being challenged dated 10/16/14. The treating physician provided treatment reports from 04/14/14-09/29/14.

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 percent/10 percent/4 percent) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 72, 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams; Topical Analgesics Page(s): 111,113.

Decision rationale: This patient presents with cervical spine, thoracic spine, lumbar spine, and left shoulder pain. The request is for Flurbiprofen/cyclobenzaprine/menthol cream (20%/10%/4%) 180gm. On 09/19/14 progress report, the treating physician states that "the patient does not take any oral medications as she is concerned about adverse reaction secondary to previous medication intake. Therefore, I feel that she would benefit the topical modality." Regarding topical products MTUS guidelines pages 111, 112 state that topical non-steroidal anti-inflammatory drugs (NSAIDs) are effective for peripheral joint arthritis/tendinitis. MTUS also does not support topical cyclobenzaprine. If one of the components of the compounded topical is not supported, then the entire compounded product is not recommended. In this case, the patient does not present with peripheral joint arthritis or tendinitis for which topical NSAIDs are indicated. Topical cyclobenzaprine is not supported by MTUS either. Therefore, this request is not medically necessary.