

Case Number:	CM14-0189353		
Date Assigned:	12/05/2014	Date of Injury:	02/27/2013
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
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 Internal Medicine and is licensed to practice in New York. 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:

Patient is a 62 year-old female with date of injury 02/27/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/02/2014, lists subjective complaints as neck pain and left arm pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles. Range of motion was restricted in flexion and extension with pain elicited at the extremes of range. Right and left lateral rotation was noted to be painless. Weakness was noted in the left upper extremity. Diagnosis: 1. Status post work-related injury with continued cervical neck pain and left arm pain. The medical records supplied for review document that the patient was first prescribed the following medication on 10/02/2014. Medication: 1. Compound Cream: Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 5%, 300gms SIG: apply to affected area 2 to 3 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6% Lidocaine 5% 300grams: 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 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded medication contains cyclobenzaprine, a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6% Lidocaine 5% 300grams is not medically necessary.