

Case Number:	CM14-0193370		
Date Assigned:	12/02/2014	Date of Injury:	07/24/2009
Decision Date:	01/14/2015	UR Denial Date:	10/25/2014
Priority:	Standard	Application Received:	11/19/2014

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 Neurology 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:

The Injured Worker (IW) is a 61 year-old female with a reported date of injury on 7/24/2009. The mechanism of injury is reported that the IW slipped on some shampoo and fell backwards, onto her right leg. She complains of pain in her neck, right arm, right knee, and low back with radicular pain to her right lower extremity. The IW is status post lumbar fusion at L4-L5, performed 9/19/2013. She reports a 40% reduction in symptomology since the procedure. Records reviewed indicate that she also had a Carpal Tunnel Release surgery in 1993. Radiographic studies performed on 3/31/2014 of the right knee, left knee, and right shoulder, are normal; right and left ankle x-rays are unremarkable except for small Achilles tendon enthesophyte on both left and right ankles and a calcaneal spur noted on the right ankle. Cervical spine x-rays also dated 3/31/2014 reveal mild to moderate degenerative changes at C4-5 and C5-6; a cervical spine MRI dated 4/14/2014 reveals bilateral foraminal stenosis at C4-5 and C5-6. Lumbar x-rays from 3/31/2014 reveal post-surgical changes consistent with anterior lumbar interbody fusion at L4-5. A prior lumbar x-ray with flexion and extension dated 2/14/2014 reveals spinal fusion at L4-5 with no evidence of hardware failure, wide laminectomies at L4 and L5, discogenic spondylosis at L2-3 and L3-4; there is an anterior shift about the lumbar gravity line and there is note of left convexity of the lumbar spine. Bilateral upper extremity Nerve Conduction Studies on 3/3/1/2014 are reported as normal. Electromyography (EMG) studies (also of 3/31/2014) of the right upper extremity and cervical paraspinal muscles bilaterally are reported as normal; EMG of the right lower extremity and lumbar paraspinal muscles bilaterally are also reported as normal. The clinical exam of 3/31/2014 reports a normal motor system examination, normal reflexes, and normal sensory responses. Physical exam reports slight spasm of neck and shoulder muscles, right greater than left with restricted motion of the shoulder girdle muscles and of the neck; there is no lumbar muscle spasm; kernig sign is negative and there is no

Tinel's sign at either elbow. The most recent medical exam report, dated 5/14/2014, states that the IW complains of low back pain as 7 on a scale to 10 and neck pain as 8 on a scale to 10. Cervical exam reveals normal range of motion with pain on extension; motor exam is normal; decreased sensation to the right lateral forearm; and it is noted that the triceps reflex on the left is 0. The lumbar exam is reported as normal bilaterally. Pain complaints are being treated with Norco, Hydrocodone, Gabapentin, and topicals. It is stated that the topical medications are prescribed to help with inflammation and pain-control to decrease the need or oral medications. A request for a compounded topical consisting for Flurbiprofen and Cyclobenzaprine (unspecified potency) was submitted on 9/23/2014 for retrospective use between 10/2/2013 to 5/14/2014. This request was non-certified on 10/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 10/2/13 to 5/14/14) Flurbiprofen/cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Flubiprofen is a non-steroidal anti-inflammatory drug. Some NSAIDs may be compounded into topical formulations to treat chronic musculoskeletal pain, but the MTUS states that there are no long-term studies of their effectiveness or safety (p. 112). For osteoarthritis and tendonitis in joints amenable to topical treatment, such as the knee or elbow, topical NSAIDs may be recommended for short-term use, i.e., between four and 12 weeks. There is little evidence to support its use to treat osteoarthritis of the spine, hip, or shoulder, and such use is not recommended to treat neuropathic pain. Cyclobenzaprine is a muscle relaxant. The MTUS states that there is no evidence for the use of this muscle relaxants as a topical agent (p. 113). The request is for a compounded topical consisting of Flurbiprofen and Cyclobenzaprine. With regard to topical analgesics, the MTUS states that any compounded product that contains at least one drug (or a class of drugs) that is not recommended as a topical agent is not recommended. As the requested compound consists of a non-recommended topical agent, Cyclobenzaprine, the request is not medically necessary and appropriate.