

Case Number:	CM14-0196857		
Date Assigned:	12/04/2014	Date of Injury:	02/28/2014
Decision Date:	01/15/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 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:

Pursuant to the progress note dated September 10, 2014, the IW complains of radicular low back pain with muscle spasms, numbness and tingling to the lower extremities, and bilateral hip and knee pain. Physical exam reveals lumbar tenderness with spasms, positive Lesegue's signs, and bilateral knee medial joint line tenderness. Terocin patches have been recommended. The treating physician has requested authorization for chiropractic therapy, and physical therapy. The current request is for Cyclobenzaprine 2%/Tramadol 10%/Flurbiprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine

efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine topical is not recommended. Flurbiprofen is not FDA approved. In this case, the injured worker is a 44-year-old with a date of injury February 28, 2014. The injured worker's working diagnoses were low back pain, radiculitis of the lower extremity, bilateral hip sprain/strain, bilateral knee sprain/strain, anxiety disorder, mood disorder, sleep disorder and stress. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, topical Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Topical Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% is not medically necessary.