

Case Number:	CM14-0088857		
Date Assigned:	07/23/2014	Date of Injury:	09/25/2009
Decision Date:	01/26/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 office visit note with the orthopedic surgeon dated May 8, 2014, the injured worker (IW) complains of cervical spine pain and left shoulder pain. Cervical pain was rated 10/10 and described as intermittent, and radiating down the left hand with numbness. Left shoulder pain was rated 2/10, which was frequent. Examination revealed limited cervical spine range of motion. There was tenderness to palpation over the trapezius and paravertebral muscles bilaterally. Cervical compression test was positive. The current request is for Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) #180 gm.

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%/10%/4%), 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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 Medical Treatment Guidelines and the Official Disability Guidelines, the request for Flurbiprofen, Cyclobenzaprine, Menthol cream

(20%/10%/4%) #180 gm is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and 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. Topical Cyclobenzaprine is not recommended. In this case, the injured worker is being treated for cervical spinal spondylosis without myelopathy; or degenerative cervical spine disease; cervicogenic pain and headache; bilateral cervical facet syndrome; and failed conservative therapy for pain control. Topical Cyclobenzaprine is not recommended pursuant to the ODG. Any compounded product that contains at least one drug (topical Cyclobenzaprine) that is not recommended is not recommended. Consequently, Flurbiprofen, Cyclobenzaprine, Menthol cream (20%/10%/4%) #180 gm is not recommended. Based on the medical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen, Cyclobenzaprine, Menthol cream (20%/10%/4%) #180 gm is not medically necessary.