

Case Number:	CM15-0007770		
Date Assigned:	01/26/2015	Date of Injury:	06/16/2004
Decision Date:	03/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 58-year-old female who reported an injury on 06/16/2004. The mechanism of injury was not specifically stated. The current diagnoses include failed back surgery syndrome, fibromyalgia, knee/lower leg pain, lumbar radiculopathy, and shoulder degenerative joint disease. The injured worker presented on 01/08/2015 with complaints of right shoulder pain, low back pain, and bilateral foot pain. Upon examination, there was tenderness to palpation over the lumbar facets from L3-S1, palpable twitch positive trigger points, tenderness over the greater trochanteric bursa on the right, lumbar flexion to 40 degrees, and pain with lumbar extension. Recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/Cyclobenzaprine 2%/Capsaicin 0.075%, 300g with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Topical Analgesics; Non-Steroidal Anti-Inflammatory Agents, (NSAI. Decision based on Non-MTUS Citation Food and Drug Administration, Compounded topical anesthetic creams, New Release -Posted December 05, 2006 and Official Disability Guidelines (ODG), Topical compounded medications

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

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Muscle relaxants are not recommended for topical use. Capsaicin is only recommended as an option in injured workers who have not responded or are intolerant to other treatments. Given the above, the request is not medically appropriate at this time.