

Case Number:	CM15-0009929		
Date Assigned:	01/27/2015	Date of Injury:	10/15/2008
Decision Date:	03/16/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42 year old male who sustained a work related injury on October 15, 2008, after picking up a patient and experiencing acute pain in the low back. He started with conservative treatment. In March 2009, a Magnetic Resonance Imaging (MRI) showed a thoracic disc protrusion. Treatment included narcotics, acupuncture and chiropractic sessions. It was determined that the injured worker was not a surgical candidate. Diagnoses included left shoulder sprain, thoracic strain with discogenic disease and a lumbar strain. Currently, the injured worker complained of pain between the shoulder blades radiating to the rib cage and thoracic area and has poor tolerance sitting and standing. On January 8, 2015, a request for a prescription of Compound topical cream Cyclobenzaprine 10%, Lidocaine 2%, Flurbiprofen 20% and Lidocaine 5% was non-certified by Utilization Review, noting the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream cyclobenzaprin 10%, lidocaine 2%, fluribeprofen 20%, lidocain 5%: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on October 15, 2008. The medical records provided indicate the diagnosis of left shoulder sprain, thoracic strain with discogenic disease and a lumbar strain. Treatments have included topical analgesics, narcotics, and acupuncture and chiropractic sessions. The medical records provided for review do not indicate a medical necessity for Compound topical cream cyclobenzaprin 10%, lidocaine 2%, fluribeprofen 20%, lidocain 5%. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Neither Cyclobenzaprine, nor Fluribeprofen is recommended. Although Lidocaine is recommended, Although Lidocaine is recommended as a Lidocaine dermal patch for treatment of neuropathic pain, no other formulation of lidocaine is recommended.