

Case Number:	CM15-0101682		
Date Assigned:	06/04/2015	Date of Injury:	01/15/2015
Decision Date:	07/02/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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: Emergency 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 59 year old male, who sustained an industrial injury on 1/15/15. The injured worker has complaints of lower back pain. The documentation noted on examination of the lumbar spine revealed loss of range of motion, there was palpable muscular hypertonicity and tenderness and straight leg raise test was positive on the right with radiation of pain into the anterior thigh. The diagnoses have included spondylolisthesis t L4-L5 with L4-L5 disc herniation. Treatment to date has included chiropractic treatment; Tramadol for pain and Advil for pain. The documentation noted that the injured worker does not like to take the oral Tramadol as he is concerned about side effects so a request was for 1 prescription, Flurbiprofen / Cyclobenzaprine/menthol cream (20% 10%4%) 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription: Flurbiprofen/Cyclobenzaprine/Menthol cream (20% 10%4%) 180gm:
Upheld

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

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

Decision rationale: The requested 1 Prescription: Flurbiprofen/Cyclobenzaprine/Menthol cream (20% 10%4%) 180gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has lower back pain. The documentation noted on examination of the lumbar spine revealed loss of range of motion, there was palpable muscular hypertonicity and tenderness and straight leg raise test was positive on the right with radiation of pain into the anterior thigh. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 1 Prescription: Flurbiprofen/Cyclobenzaprine/Menthol cream (20% 10%4%) 180gm is not medically necessary.