

Case Number:	CM15-0109161		
Date Assigned:	06/19/2015	Date of Injury:	08/13/2014
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65-year-old male who sustained an industrial injury on 8/13/2014 resulting in complaints of neck, right shoulder, and lower back pain. He was diagnosed with cervicalgia, cervical radiculopathy, lumbago, right lumbar radiculopathy, lumbar disc protrusion and lumbar facet dysfunction. Treatment has included physical therapy and medication from which the injured worker has reported no improvement. A steroid injection was administered to the right shoulder from which he reported a 50% improvement in pain relief. The injured worker continues to report pain and discomfort, and some limited range of motion. Treating physician's plan of care includes potential lumbar injections, acupuncture therapy and MRI to evaluate the cervical spine, and compound medication consisting of Flurbiprofen, Cyclobenzaprine, Lidocaine, Hyaluronan, and Propylene glycol. Work status at present is unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Flurbiprofen/Cyclobenzaprine/Lidocaine/Hyaluronan/Propylene glycol Day supply: 15 Qty: 120 Refills: 0 Rx date: 05/7/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs (non-steroidal anti-inflammatory drugs), Muscle relaxants (for pain) Page(s): 111, 112, 113. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3970829/http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1661648>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for chronic neck and radiating low back pain. When seen, there was decreased right lower extremity sensation. There was cervical and lumbar spine muscle tenderness. There was upper trapezius and right shoulder tenderness. Straight leg raising was positive. In terms of the compounded medication being prescribed, Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. There is little to no research to support the use of compounded topical hyaluronan. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The requested compounded medication is not medically necessary.