

Case Number:	CM15-0109376		
Date Assigned:	06/16/2015	Date of Injury:	04/08/2011
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
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: California, North Carolina
Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 4/8/11. The injured worker has complaints of low back pain associated with radiating pain, numbness and tingling to both lower extremities. The documentation noted that there is tenderness and myospasm palpable over bilateral paralumbar muscles and tenderness is also palpable in the sciatic notches. The straight leg raise test is bilaterally positive, causing low back pain radiating to posterior thigh upon 45 degrees of right or left leg raising. There is decreased lumbar range of motion in all planes due to end range back pain. The diagnoses have included lumbar radiculopathy; lumbar spine sprain/strain and insomnia. Treatment to date has included cyclobenzaprine for muscle spasm and omeprazole as a prophylactic gastroprotectant and pain cream. The request was for flurbiprofen 25%, cyclobenzaprine 2% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Cyclobenzaprine 2% 180 g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NSAIDs.

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

Decision rationale: The CA MTUS states that topical analgesics are largely experimental in use and there are few well controlled trials that demonstrate safety and efficacy. They are primarily recommended for neuropathic pain when trials of first-line agents (antidepressants, anticonvulsants) have been tried and failed. Any compounded product that contains one or more drugs that are not recommended is not recommended. This product contains cyclobenzaprine, a muscle relaxant. There is no evidence for the use of muscle relaxants in a topical preparation. Therefore, the request is deemed not medically necessary or appropriate.