MAXIMUS Federal Services

Case Number:	CM15-0109851		
Date Assigned:	06/16/2015	Date of Injury:	02/25/1990
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male who sustained an industrial injury on 2/25/90. The injured worker was diagnosed as having chronic lumbar strain, lumbar disc herniation, right shoulder long head of the biceps dislocation and right shoulder presumed subscapularis rupture. Currently, the injured worker was with complaints of pain I the lower back and right shoulder. Previous treatments included rest and medication management. The injured workers pain level was noted as 5/10 in the lower back and 10/10 in the right shoulder. Physical examination was notable for lumbar spine and right shoulder with loss of range of motion. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Non-steroidal antinflammatory agents, Other muscle relaxants, menthol.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4% cream 180gm is not medically necessary.