

Case Number:	CM15-0138702		
Date Assigned:	07/28/2015	Date of Injury:	11/19/2008
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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: California

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 64 year old male who sustained an industrial injury on 11-19-08. Diagnoses are neck sprain and strain, cervicgia, disturbance of skin sensation, and displacement cervical disc without myelopathy. In a physical medicine and rehabilitation primary treating physician's report dated 5-14-15, the physician notes the injured worker is there to check pain medications and creams and he reports that his cervical traction being consistent has helped his neck. Norco is now down to one tablet to half a tablet twice a day. Medications are Neurontin, Diclofenec, Cyclobenzaprine and Prilosec. There is tenderness to the left and right paraspinals at C5-C6 and C6-C7. The home exercise program was reviewed. Work status is modified with nothing over 10 pounds for carrying and lifting. The requested treatment is for retrospective Cyclobenzaprine, Gabapentin, and Flurbiprofen Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine, Gabapentin, Flurbiprofen cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section, NSAIDs Section Page(s): 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants such as cyclobenzaprine as a topical product. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. As at least one of the medications in the requested compounded medication is not approved by the established guidelines, the request for Cyclobenzaprine, Gabapentin, Flurbiprofen cream is determined to not be medically necessary.