

Case Number:	CM15-0145865		
Date Assigned:	08/06/2015	Date of Injury:	12/09/2013
Decision Date:	09/10/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, New York, 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 applicant is a represented 70-year-old who has filed a claim for chronic low back, shoulder, and wrist pain reportedly associated with an industrial injury of December 9, 2013. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced a June 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 19, 2015, the applicant reported ongoing complaints of low back pain. The applicant was not working. The applicant was using Celebrex for pain relief. Celebrex was continued while the topical compounded medication in question was endorsed. The applicant was given a rather proscriptive 5-pound lifting limitation, seemingly resulting in the applicant's removal from the workplace. The applicant did have comorbid psychiatric issues for which the applicant was concurrently receiving care from a psychiatrist, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen- Cyclobenzaprine- Menthol cream (20%- 10%- 4%) 180 gm 2-3 times a day:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 111-113.

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

Decision rationale: No, the request for a flurbiprofen-cyclobenzaprine-menthol containing topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the secondary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one more ingredients in the compound was not recommended, the entire compound was not recommended, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Celebrex effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question. Therefore, the request was not medically necessary.