

Case Number:	CM15-0148885		
Date Assigned:	08/12/2015	Date of Injury:	09/23/2014
Decision Date:	09/22/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/31/2015

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: Anesthesiology, 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 67 year old male, who sustained an industrial injury on September 23, 2014, while working as a welder. The mechanism of injury was a 3-4 foot fall from a ladder to the ground. The injured worker sustained injuries to the right middle finger, right hip and low back. The diagnoses have included lumbar intervertebral disc degeneration with myelopathy, lower extremity neuritis, lumbar radiculopathy, left shoulder arthropathy, pelvic fracture and lumbar myalgia. Treatment and evaluation to date has included medications, radiological studies, computed tomography scan, electrodiagnostic studies, MRI, chiropractic treatments, function capacity evaluation and lumbar spine surgery. The injured worker was not working. Current documentation dated July 2, 2015 notes that the injured worker reported constant low back pain. The pain was rated a 6 out of 10 on the visual analogue scale. Associated symptoms included a popping on the low back. Examination of the lumbar spine revealed a decreased range of motion. The treating physician's plan of care included a request for one container of Flurbiprofen 15%, Cyclobenzaprine 4%, Gabapentin 10% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) container of Flurbiprofen 15%, Cyclobenzaprine 4%, Gabapentin 10% 180 grams:
Upheld**

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.