

Case Number:	CM15-0164519		
Date Assigned:	09/01/2015	Date of Injury:	09/05/2014
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/21/2015

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: Arizona, California

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 41 year old male, who sustained an industrial injury on 9-5-14. The diagnoses have included cervical strain and sprain, rule out cervical radiculopathy and lumbar strain rule out radiculopathy and lumbar disc herniation. Treatment to date has included medications, rest, cane, back brace, diagnostics, physical therapy and other modalities. Currently, as per the physician progress note dated 7-22-15, the injured worker complains of persistent pain in the neck rated 8 out of 10 on pain scale and radiating to both arms with numbness and weakness. The low back pain is rated 9 out of 10 on pain scale and radiates to both legs with numbness and weakness. He ambulates with use of a cane with slow antalgic gait pattern. He reports that the pain medications decrease the pain down to a 4 or 5 and that he is able to ambulate longer. The current medications included Norco, Prilosec, and Naproxen. The objective findings-physical exam reveals that the cervical spine has loss of range of motion, positive cervical compression test with elucidation of the right upper extremity. The lumbar spine exam reveals decreased range of motion and positive straight leg raise on the right at 50 degrees with radiation of pain into the posterior thigh. Work status is modified with restrictions. He is currently not working. The physician requested treatment included Flurbiprofen-Cyclobenzaprine - Menthol cream (20% 10%, 4%) 180 grams in an attempt to control the pain further and wean him from the oral medications and narcotics.

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 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant was previously on other topical analgesics as well as oral Norco and Naprosyn. Topical NSAIDS can reach systemic levels similar to oral opioids increasing GI risks. Since the compound above contains these topical medications, the Flurbiprofen/Cyclobenzaprine/Menthol cream is not medically necessary.