

Case Number:	CM15-0167392		
Date Assigned:	09/08/2015	Date of Injury:	11/23/2011
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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: Physical Medicine & Rehabilitation, 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 40 year old female, who sustained an industrial injury on November 23, 2011. She reported pain in her legs and back. The injured worker was currently diagnosed as status post L5-S1 lumbar fusion with persistent lumbago, lumbosacral sprain and strain, rule out lumbar facet syndrome, myofascial pain syndrome with chronic pain, lumbar radiculitis and thoracic sprain and strain. Treatment to date has included diagnostic studies, surgery, medication, therapy, acupuncture, functional restoration program, injection and medication. Physical therapy was noted to be helpful. Acupuncture helped greatly, bringing the pain from an 8 on a 1-10 pain scale down to a 3 on the pain scale. A therapeutic caudal epidural steroid injection provided her with more than 70% relief of her symptoms for a period of over 8-10 weeks. On August 3, 2015, the injured worker complained of chronic intractable low back pain with a constant, sharp shooting sensation to her lower extremities. The pain was rated her pain as a 7-8 on a 0-10 pain scale without medication and about 4-5 on the pain scale with medication. The treatment plan included a repeat therapeutic caudal epidural steroid injection, medication and urine screening tests. A request was made for compound cream Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% 240 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in November 2011 and is being treated for intractable low back pain after a lumbar fusion in July 2013. Recent treatments include participation in a functional restoration program. Physical therapy, acupuncture, and epidural steroid injections have been helpful. Oral medications have included Norco, Cymbalta, and Xanax. When seen, there was lumbar tenderness with decreased range of motion and lower extremity weakness. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The request was not medically necessary.