

Case Number:	CM15-0195709		
Date Assigned:	10/09/2015	Date of Injury:	03/27/1998
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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, Illinois

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 59 year old female who sustained an industrial injury on 3-27-98. The injured worker reported discomfort in the neck with radiation to the hand. Provider documentation dated 5-11-15 noted the work status as permanent and stationary. Treatment has included physical therapy, Tylenol since at least May of 2015, Aleve since at least May of 2015. Objective findings dated 8-3-15 were notable for tenderness to palpation to the neck with radiation down the arm, sensation noted to be intact. The original utilization review (9-22-15) denied a request for Flurbiprofen 15% Cyclobenzaprine 3% Capsaicin 0.0375% Menthol 2% Camphor 1% in UL 30gm, #1 and Flurbiprofen 20% in UL 30gm, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%/Cyclobenzaprine 3%/Capsaicin 0.0375%/Menthol 2%/Camphor 1% in UL 30gm, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 3-27-98. The medical records provided indicate the diagnosis of sprain of unspecified site of back. Treatments have included physical therapy, Tylenol since at least May of 2015, Aleve since at least May of 2015. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 15%/Cyclobenzaprine 3%/Capsaicin 0.0375%/Menthol 2%/Camphor 1% in UL 30gm, #1. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested treatment is not medically necessary.

Flurbiprofen 20% in UL 30gm, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The injured worker sustained a work related injury on 3-27-98. The medical records provided indicate the diagnosis of sprain of unspecified site of back. Treatments have included physical therapy, Tylenol since at least May of 2015, Aleve since at least May of 2015. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20% in UL 30gm, #1. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the requested treatment is not medically necessary.