

<b>Case Number:</b>	CM15-0208153		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/24/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 24 year old female who sustained an industrial injury on 5-24-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and lumbar strain. According to the progress report dated 9-2-2015, the injured worker complained of cervical and lumbar spine pain. She reported that her pain was improving. She also complained of headaches. She was not currently working. Objective findings (9-2-2015) revealed tenderness and hypertonicity over the cervical paraspinal musculature. Cervical compression test was positive. Treatment has included chiropractic treatment and medications (Acetaminophen, Nabumetone, Orphenadrine and Tramadol). The request for authorization was dated 9-22-2015. The original Utilization Review (UR) (9-27-2015) denied a request for Flurbiprofen 20%- Cyclobenzaprine 10%- Menthol 4%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Cyclobenzaprine 10%, Menthol 4%, 1 prescription: 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 MTUS Guidelines strongly emphasize that any compound product that contains at least one drug that is not recommended is itself not recommended. The requested medication is a compound containing medications in the muscle relaxant, general pain reliever, and non-steroidal anti-inflammatory (NSAID) classes. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. Topical menthol is not recommended by the MTUS Guidelines. The Guidelines also do not support the use of topical muscle relaxants. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an indefinite supply of a compound containing flurbiprofen (20%), menthol (4%), and cyclobenzaprine (10%) is not medically necessary.