

Case Number:	CM15-0031306		
Date Assigned:	02/24/2015	Date of Injury:	03/22/2006
Decision Date:	04/03/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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: Connecticut, California, Virginia
 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 was a 53 year old male, who sustained an industrial injury on March 22, 2006. The injured worker's chief complaint was back pain and bilateral leg numbness. The patient has a history of lumbar fusion surgery. The injured worker rated the pain at 5 out of 10 with pain medication and 7 out of 10 without pain medication; 0 being no pain and 10 being the worst pain. The physical exam noted the injured worker walks with a limp favoring the right lower extremity. The injured worker had difficulty with heel to toe walking. There was tenderness over the midline lower lumbar spine. The lumbar flexion was 26 degrees, extension 20 degrees left lateral bend was 10 degrees and the right lateral bend was 12 degrees. The injured worker was diagnosed with bilateral L4 radiculopathy, L3-L4 adjacent segment degeneration, and rule out pseudoarthritis, chronic intractable pain, GERD and erectile dysfunction. The injured worker previously received the following treatments: lumbar fusion surgery with revision in 2009, MRI of the lumbar spine on June 6, 2014, X-rays of the lumbar spine on January 20, 2015, acupuncture, physical therapy, pain medication and sleep medications. On October 29, 2013, the primary treating physician requested authorization for a prescription for retroactive Cyclobenzaprine 2%, Flurbiprofen 25% 240 grams. On February 9, 2015, the Utilization Review denied authorization for a prescription for retroactive Cyclobenzaprine 2%, Flurbiprofen 25% 240 grams. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 2%, Flurbiprofen 25% 240gm DOS: 10/29/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. The MTUS states that muscle relaxers are not recommended as topical products, and as cyclobenzaprine is a muscle relaxant not recommended by the MTUS, the requested compounded topical medication cannot be considered medically necessary at this time. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence in the provided notes for failed treatment by other modalities or any evidence of further clinical reasoning for topical treatment over more accepted and efficacious evidence-based treatments makes the requested treatment not medically indicated.