

Case Number:	CM15-0043297		
Date Assigned:	03/13/2015	Date of Injury:	05/23/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male with an industrial injury date of 05/07/2014 and 05/23/2014. His diagnosis includes cervical spine radiculopathy, headache, lumbar spine degenerative disc disease and left knee internal derangement. Multiple other diagnoses are also listed. He has been treated with medications. The injured worker presents on 02/17/2015 with complaints of headaches which he describes as constant and moderate to severe. He also complains of neck pain, left elbow pain, left wrist pain and low back pain. Physical exam noted tenderness and decreased range of motion of the cervical spine and lumbar spine. There was also tenderness of the elbow and wrist. The provider is requesting cyclobenzaprine and Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: According to the 02/17/2015 report, this patient presents with constant, moderate to severe 4-5/10 headaches. The current request is for Cyclobenzaprine 2%, Flurbiprofen 25% 180gm. The request for authorization is not included in the file for review. The patient's work status is "TTD from 02/17/2015 to 03/17/2015." Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine cream is not recommended for topical formulation. The current request IS NOT medically necessary.