

Case Number:	CM15-0044257		
Date Assigned:	03/17/2015	Date of Injury:	08/26/2014
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/10/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 29 year old male with an industrial injury dated August 26, 2014. The injured worker diagnoses include lumbar sprain/strain, thoracic spasms and lumbar spasms. Treatment to date has included diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 1/08/2015, the injured worker currently complains of low back pain with pain that shoots up to the neck and pain that moves into the bilateral hips, right worse than left. Objective findings revealed mild amount of spasms with decrease lateral rotation and lateral bending of the cervical spine. Moderate to severe spasms throughout the back with decrease lateral rotation and lateral bending were also noted. The treatment plan included a topical compound prescription for Cyclobenzaprine 10%, Lidocaine 2% and a topical compound prescription for Flurbiprofen 20%, Lidocaine 5% to help decrease pain and spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compounds: Flurbiprofen, Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain syndrome. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Topical Compounds: Flurbiprofen, Lidocaine is not medically necessary.

Topical Compounds: Cyclobenzaprine, Lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Cyclobenzaprine, Lidocaine is not medically necessary.