

Case Number:	CM15-0047130		
Date Assigned:	03/19/2015	Date of Injury:	10/14/2013
Decision Date:	04/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/12/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old male, who sustained an industrial injury on October 14, 2013. He reported neck pain, low back pain, bilateral shoulder pain and bilateral knee pain. The injured worker was diagnosed as having head contusion, acute cervical sprain/strain, multilevel disc protrusion, bilateral knee sprain/strain, right lower extremity radiculopathy, right knee strain, rule out meniscal injury, lumbar radiculopathy and lumbar facet syndrome. Treatment to date has included radiographic imaging, diagnostic studies, right knee arthroscopy, steroid injections, activity restrictions, medications and work restrictions. Currently, the injured worker complains of neck pain, low back pain, bilateral shoulder pain and bilateral knee pain with associated lower extremity radiculopathies. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 15, 2014, revealed a significant improvement in cervical pain status post epidural steroid injection (ESI) however the pain persisted in the low back and lower extremities. Evaluation on December 9, 2014, revealed continued neck pain and lumbar pain with improved bilateral knee pain. The plan included requests for a compounded pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent, Cyclobenzaprine 10 Percent, Menthol 4 Percent Cream 180 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flurbiprofen 20%, Cyclobenzaprine 10% and Menthol 4% cream 180 gram is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Per CA MTUS, topical analgesics such as Flurbiprofen, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.