MAXIMUS Federal Services

Case Number:	CM15-0049479		
Date Assigned:	03/23/2015	Date of Injury:	12/07/2000
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/16/2015

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 47 year old male who sustained an industrial injury on 12/7/2000. His diagnoses, and/or impressions, include lumbar radiculitis; facet arthropathy; and status-post right lumbar laminectomy with lumbar laminectomy syndrome. He has been treated with epidural steroid injection, lumbar (3/2013); right-sided lumbar diagnostic facet block (7/17/13) and pain management. In the pain management progress note, dated 1/23/2014, his treating physician reports the injured worker, once again, has been experiencing low back pain with right lower extremity numbness, x 3-4 weeks, for which he had been free from these symptoms, bilaterally, since the epidural steroid injection 9 months prior in 3/2013. His examination noted paravertebral muscle spasms and tenderness in the low lumbar region, and his requests included the generic medication Flurbiprofen/Cyclobenzaprine (FluriFlex topical analgesic compound) to be applied over the painful areas, with as needed instructions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Flurbiprofen/Cyclobenzaprine (DOS: 01/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient was injured on 12/07/2000 and presents with low back, pain and right lower extremity numbness. The retrospective request is for FLURBIPROFEN/ CYCLOBENZAPRINE (DOS: 01/24/2014). There is no RFA provided, and the patient is currently working. He states, "that pain and numbness started to interfere with his work activities." The patient has a limited lumbosacral spine range of motion, paravertebral muscle spasm, tenderness in the lower lumbar region, and a positive straight leg raise on the right. He has decreased sensation to light touch over the right L4, L5, and S1 dermatomes as well as slight weakness in flexion/dorsiflexion of the right foot compared to the left side. MTUS has the following regarding topical creams (page 111, Chronic Pain Section), "Topical analgesics: Nonsteroidal antiinflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterwards, or with a diminishing effect over another 2-week period." Flurbiprofen is an NSAID indicated for peripheral joint arthritis/ tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not recommended. In this case, cyclobenzaprine is not indicated for use as a topical formulation. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen. The requested compounded medication IS NOT medically necessary.