

Case Number:	CM15-0057668		
Date Assigned:	04/02/2015	Date of Injury:	01/24/2014
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 48 year old male, who sustained an industrial injury on 1/24/2014. The current diagnoses are lumbar spine strain/sprain; rule out herniated lumbar disc with radiculitis/radiculopathy. According to the progress report dated 2/17/2015, the injured worker complains of pain in the lumbar spine with increased pain in the right leg. The current medications are Anaprox, Prilosec, Ultram, Norco, and Flexeril. Treatment to date has included medication management and Toradol intramuscular injection. The plan of care includes compound medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine HCL 5% in Alba Derm Base Cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with pain affecting the lumbar spine with radiation down the right leg. The current request is for Compound Medication: Ketoprofen 10%, Cyclobenzaprine 3%, Lidocaine HCL 5% in Alba Derm Base Cream. The MTUS guidelines have the following regarding topical analgesics: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines go on to state, There is no evidence for use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine is a muscle relaxant and is not recommended as a topical product by the MTUS guidelines. Furthermore, since Cyclobenzaprine is not recommended, the requested topical compound is not recommended. Recommendation is for denial.