MAXIMUS Federal Services

Case Number:	CM15-0058558		
Date Assigned:	04/03/2015	Date of Injury:	10/06/2014
Decision Date:	05/19/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 46 year old male, who sustained an industrial injury on October 6, 2014. The injured worker was diagnosed as having lumbar disc displacement and lumbar spinal stenosis. Treatment and diagnostic studies to date have included physical therapy and medication. A progress note dated February 24, 2015 provides the injured worker complains of low back pain rated 8/10. He reports current medications do not help so he doesn't use them. He also feels therapy helps. Physical exam notes positive straight leg raise on the right. The plan includes Transcutaneous Electrical Nerve Stimulation (TENS) unit, consultation, oral and topical medication and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Menthol cream (20%/10%/4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment,Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines; Food and Drug Administration.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, the claimant still required ESI and acupuncture for pain relief. Prior use of Tramadol and Motrin which have more proven benefit than topical analgesics did not provide relief. Since the compound above contains these topical medications, the compound in question is not medically necessary.