

Case Number:	CM15-0087860		
Date Assigned:	05/12/2015	Date of Injury:	09/21/2006
Decision Date:	06/11/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60-year-old male, who sustained an industrial injury on 9/21/06. He reported injuring his low back, neck and right groin. The injured worker was diagnosed as having status post C3-C7 anterior cervical discectomy and fusion in 5/2009, status post revision at C4-C5 in 11/2009, symptomatic retained hardware at C4-C5 and lumbar discopathy. Treatment to date has included a lumbar trigger point injection, topical analgesics (since at least 2/2015), Cyclobenzaprine and Tramadol. On 10/14/14, the injured worker rated his pain an 8/10 in his neck and a 7/10 in the lower back. Subsequent progress notes do not indicate any change in the level of pain. As of the PR2 dated 2/24/15, the injured worker reports persistent neck pain with dysphagia and choking. He rates his pain an 8/10 in his neck and a 7/10 in his lower back. The treating physician noted cervical range of motion is limited due to pain, lumbar range of motion are guarded and restricted and a positive seated nerve root test. The treating physician requested Flurbiprofen 10%, Cyclobenzaprine 2%, Capsaicin, compound cream, QTY: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Cyclobenzaprine 2%, Capsaicin, compound cream, QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers are not recommended as topical products, and as cyclobenzaprine is a muscle relaxant not recommended by the MTUS, the request is not medically necessary at this time.