

Case Number:	CM15-0232213		
Date Assigned:	12/07/2015	Date of Injury:	03/01/2013
Decision Date:	01/14/2016	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old male, who sustained an industrial injury on 3-1-13. The injured worker was diagnosed as having lumbar disc disorder with myelopathy, status post lumbar discectomy and sciatica. Subjective findings (6-23-15, 7-31-15) indicated pain in the lumbar spine and right pelvic, right buttock and right posterior leg pain. He rates his pain 1-2 out of 10 at best and 4-5 out of 10 at worst. Objective findings (6-23-15, 7-31-15) revealed decreased lumbar range of motion and tenderness to palpation in the bilateral sacroiliac joints and bilateral buttocks. As of the PR2 dated 9-4-15, the injured worker reports pain in the lumbar spine and right pelvic, right buttock and right posterior leg pain. He rates his pain 2 out of 10 at best and 4 out of 10 at worst. Objective findings include decreased lumbar range of motion and tenderness to palpation in the bilateral sacroiliac joints and bilateral buttocks. Treatment to date has included lumbar spine surgery on 9-15-14, a lumbar MRI on 9-12-15, Naproxen, FCL cream and Prilosec. The Utilization Review dated 10-29-15, non-certified the request for retrospective compound drugs Flurbiprofen-Cyclobenzaprine-Lidocaine-Microsome (DOS 9-16-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compound drugs

Flurbiprofen/Cyclobenzaprine/Lidocaine/Microsome (DOS 9/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in March 2013 while reaching for a box and underwent a right L4/5 microdiscectomy in September 2014. When seen in September 2015 he was having constant bilateral lumbar, right pelvic and buttock, and right posterior leg pain rated at 2-4/10. He had right foot numbness and tingling. He had anxiety, stress, insomnia, and dizziness. Physical examination findings included an elevated blood pressure. There was lumbar and bilateral sacroiliac and buttock tenderness. There was decreased lumbar range of motion. There was right foot weakness by computerized testing. Naproxen, Prilosec, and topical compounded cream were prescribed. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The claimant is already taking an oral NSAID and prescribing a topical NSAID medication is duplicative. The request is not medically necessary.