

Case Number:	CM14-0110351		
Date Assigned:	09/16/2014	Date of Injury:	06/01/2008
Decision Date:	10/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61 year-old male who was reportedly injured on June 1, 2008. The most recent progress note dated June 2, 2014, indicates that there were ongoing complaints of low back pain with bilateral lower extremity involvement. The pain is rated at 8/10. The physical examination demonstrated a 5'8", 253 pound individual in no acute distress. A cane is required for ambulation. A decrease in lumbar spine range of motion is reported, there is tenderness to palpation, Kemp's test is positive bilaterally, straight leg raising is 70 and strength is reported 4/5. A slight reduction sensation is also noted. Diagnostic imaging studies were not reported. Previous treatment includes multiple medications, physical therapy, and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical medication containing: Flurbiprofen, Cyclobenzaprine, Menthol:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The chronic pain treatment guidelines further state that the use of topical muscle relaxers, including cyclobenzaprine, is not recommended. There is no clear clinical indication presented for the chronic, indefinite use of this type of medication. As such, this request is not considered medically necessary.