

Case Number:	CM14-0112001		
Date Assigned:	08/01/2014	Date of Injury:	04/10/2008
Decision Date:	09/30/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family 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 patient is a 53-year-old male who has submitted a claim for intervertebral cervical disc disorder without myelopathy, neck sprain/strain, ankle pain, lumbosacral radiculitis, and lumbosacral sprain/strain associated with an industrial injury date of 4/10/2008. Medical records from 2014 were reviewed. Patient complained of pain at the cervical spine, thoracic spine, lumbar spine, and the left ankle. Low back pain radiated to bilateral lower extremities. Pain was rated 6/10 in severity, and relieved to 2/10 upon intake of medications. Physical examination of the lumbar spine showed limited range of motion. Kemp's test was positive at the right. Straight leg raise test was positive at 60 degrees at the left. Muscle strength was graded 4/5 at S1 myotome, left. Sensation was diminished at L5 and S1 dermatomes, left. Treatment to date has included physical therapy, and medications such as tramadol, Flexeril, Prilosec, Ambien, and topical creams. Utilization review from 7/19/2014 denied the request for Flurbiprofen/ Cyclobenzaprine/ Menthol Cream (20%/10%/4%) 180 gm because of limited published studies concerning its efficacy and safety.

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%) 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Cyclobenzaprine is not recommended for use as a topical analgesic. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen and cyclobenzaprine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Flurbiprofen/ Cyclobenzaprine/ Menthol Cream (20%/10%/4%) 180 gm is not medically necessary.