

Case Number:	CM14-0124552		
Date Assigned:	08/11/2014	Date of Injury:	09/23/2010
Decision Date:	10/21/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/06/2014

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 & Rehabilitation and 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 63-year-old male who reported an injury on 09/23/2010. The mechanism of injury was lifting. He is diagnosed with chronic cervical sprain/strain, lumbar disc herniation status post fusion and decompression, right shoulder repetitive sprain, bilateral hand pain/numbness, and sleep difficulty secondary to chronic pain. His past treatments were noted to have included physical therapy; home exercise program; activity modification; and medications, to include sleep medications, NSAIDs, muscle relaxants, and opioids. On 03/13/2014, the injured worker presented with complaints of pain in his cervical spine, lumbar spine, right upper extremity, hands, fingers, and bilateral lower extremities. It was noted that use of tramadol brings his pain from an 8/10 to a 5/10. His medications were noted to include tramadol and Restoril. A request was recommended for flurbiprofen/cyclobenzaprine/menthol cream (20%, 10%, 4%) 180 grams for the lumbar spine. A specific rationale for this request was not provided. The Request for Authorization form was also not provided.

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 for lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety and are primarily recommended when trials of antidepressants and anticonvulsants have failed to control neuropathic pain. Additionally, the guidelines state that a topical compounded product that contains at least 1 drug that is not recommended is not recommended. In regards to flurbiprofen, the guidelines state that this agent is only recommended for patients with osteoarthritis pain of joints that lend themselves to topical treatment, such as that ankle, elbow, foot, hand, knee, and wrist. However, it has not been evaluated for the treatment of the spine, hip, or shoulder. The clinical information submitted for review indicated that the injured worker had pain in various areas, including the spine, right upper extremity, hands, fingers, and bilateral lower extremities. However, he was not clearly shown to have pain related to osteoarthritis in any of these areas. In the absence of documentation specifying the region that the request is to treat and that there is current pain related to osteoarthritis, use of flurbiprofen is not supported. Additionally, the guidelines specifically state that use of cyclobenzaprine is not recommended as there is no evidence for use of any muscle relaxants as topical products at this time. The clinical information submitted for review also failed to show that the injured worker had tried and failed an adequate course of antidepressants or anticonvulsants. Based on this and as that requested compound contains flurbiprofen and cyclobenzaprine which are not recommended for the injured worker, the requested compound is also not recommended. Additionally, the request as submitted failed to include a frequency. For the reasons noted above, the request is not medically necessary.