

Case Number:	CM14-0161816		
Date Assigned:	10/07/2014	Date of Injury:	05/28/2013
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/02/2014

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 Preventive 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:

According to the records made available for review, this is a 23-year-old female with a 5/28/13 date of injury. At the time (8/27/13) of request for authorization for Diclofenac Lidocaine 180gms and Flurbiprofen 20% Cyclobenzaprine 10% Menthol Cream 4% 180g, there is documentation of subjective (cervical spine pain radiating to bilateral shoulder, lumbar spine pain, and right hand pain) and objective (tenderness over the midline of the cervical spine, positive Spurling's test, and decreased cervical range of motion) findings, current diagnoses (acute cervical strain and multilevel disc disease of the lumbar spine), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%, Lidocaine 5%, 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen,

lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of acute cervical strain and multilevel disc disease of the lumbar spine. However, Diclofenac 3%, Lidocaine 5%, 180gms contains at least one component (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac 3%, Lidocaine 5%, 180gms is not medically necessary.

Flurbiprofen 20% Cyclonizaprine 10% Menthol Cream 4% 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of acute cervical strain and multilevel disc disease of the lumbar spine.. However, Flurbiprofen 20% Cyclobenzaprine 10% Menthol Cream 4% 180g contains at least one component (Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20% Cyclobenzaprine 10% Menthol Cream 4% 180g is not medically necessary.