

Case Number:	CM14-0097352		
Date Assigned:	09/16/2014	Date of Injury:	05/26/2011
Decision Date:	10/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Emergency 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:

Patient with reported date of injury on 5/26/2011. Mechanism of injury is described as a fall. Patient has a diagnosis of cervical musculoligamentous strain, Chronic throacolumbar musculoligamentous sprain, cervical disc bulges at C4-5 and C5-6, lumbar disc bulges at L5-S1, radicular symptoms of R shoulder, R carpal tunnel syndrome, L ankle sprain and anxiety/insomina and gastritis. Medical reports reviewed. Last report available until 5/9/14. Patient complains of neck pain radiating to R forearm, low back pain radiating to both legs and L ankle pain. Objective exam reveals cervical spine with limited range of motion(ROM), tenderness to paraspinals. Decreased strength to R side on C5-C8. Decreased sensation on R side at C5. Lumbar spine has minimally decreased ROM, positive straight leg raise bilaterally. 4/5 strength at L4-S1 with decrease sensation as well. L ankle exam reveals mildly decreased ROM with tenderness to medial and lateral maleoli with tenderness to Achilles insertion on the left. Imaging studies were reportedly done in the past but no reports were provided for review. Medication list include naproxen (switched to motrin on 5/9/14) and prilosec. Note mentions an addition of flexeril and request for the cream that is being reviewed. Patient received a lumbar epidural steroid injection on 4/14/14. Independent Medical Review is for Topical analgesic compound cream-flurbiprofen/Cyclobenzaprine/Menthol cream 20%/10%/4% #180g. Prior UR on 5/30/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

fluriprofen/Cyclobenzaprine/Menthol cream 20%/10% /4% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 117-119.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. There is no evidence of efficacy for spinal pain or osteoarthritis of spine. Pt has spinal neck and low back pain therefore does not meet indication for use. There is no documentation to support where this topical compound is to be used therefore it is not recommended. 2) Cyclobenzaprine: Not recommended for topical application. 3) There is no information about menthol. It may have some topical soothing effect. Since all 3 components of compounded cream is not recommended, the entire compounded cream (Flurbiprofen/Cyclobenzaprine/Menthol Cream 20%/10%/4% 180gm) is not medically necessary.