

Case Number:	CM14-0213210		
Date Assigned:	12/30/2014	Date of Injury:	05/29/2010
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker's date of injury is 05/29/2010. This patient receives treatment for chronic low back pain with lower extremity radiation. The patient underwent L4 laminectomy with facetectomy, foraminotomies, and discectomy on 01/28/2014. Medications prescribed include gabapentin, cyclobenzaprine, tramadol, Norco, carisoprodol, and a compounded topical analgesic cream. The patient has "failed back" and is opioid dependent. The patient also has chronic neck pain with radiation to the upper extremities. The patient was diagnosed with cervical spondylosis. The patient received physical therapy for the low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compound : Cyclobenzaprine, Tramadol & Flurbiprofen (DOS: 7.25.14): Upheld

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

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

Decision rationale: This patient receives treatment for "failed back" having had a laminectomy of the lumbar spine for lumbar disc disease. Topical analgesics are experimental in use. Clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Cyclobenzaprine is a muscle relaxer. Muscle relaxers are not medically indicated in any topical formulation. Flurbiprofen is an NSAID. NSAIDS are not recommended in a topical form. Tramadol is a weak opioid. Opioids are not recommended in a topical form. This compounded topical product is not medically indicated.