

Case Number:	CM14-0216389		
Date Assigned:	01/29/2015	Date of Injury:	07/24/1998
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 61 year old man with a date of injury of 7/24/98. He was seen by his provider on 8/15/14 with complaints of low back pain. His physical exam showed pain in paraspinal muscles as well as L5-S1 spinous processes. His range of motion was reduced in the lumbar spine and he had an antalgic gait. His diagnoses included lumbar and cervical disc degeneration and lumbago. At issue in this review are the request for two topical compounded medications and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurb/Diclo/Tram dates of service from 2/21/14-10/19/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical flurbi/diclo/tram in this injured worker, the records do not provide clinical evidence to support medical necessity of a non-recommended medication.

Retrospective request for Cyclobenzaprine dates of service 2/21/14-1019/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26.

Decision rationale: This injured worker has chronic pain with an injury sustained in 1998. The medical course has included numerous treatment modalities and use of several medications including topical compounded medications and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 8/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify use. There is also no muscle spasm documented. The medical necessity of cyclobenzaprine is not substantiated in the records.

Retrospective request for Caps/Dexam/Menth/Camph/Baclo/Ethox/Flurb dates of services from 2/21/14-10/19/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 111-112.

Decision rationale: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical aps/Dexam/Menth/Camph/Baclo/Ethox/Flurb in this injured worker, the records do not provide clinical evidence to support medical necessity of a non-recommended medication.