

Case Number:	CM15-0004044		
Date Assigned:	01/15/2015	Date of Injury:	05/08/2014
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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: Utah, Arkansas
 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:

The 38 year old female injured worker suffered an industrial injury on 5/8/2014. The diagnoses were lumbago, rule out disc protrusion, radiculitis is versus left ulnar nerve entrapment. The diagnostic studies were magnetic resonance imaging of the cervical spine. The treatments were medications, acupuncture. The treating provider reported complaining of pain to the lumbar spine, left elbow, left wrist and swelling and tenderness in the finger joints. The Utilization Review Determination on 12/17/2014 non-certified cyclobenzaprine 2% Flurbiprofen 25% 180 GM citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, flurbiprofen 25% 180gm: Upheld

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

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

Decision rationale: The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Cyclobenzaprine and Flurbiprofen as a topical analgesic. Therefore, according to the guidelines cited, it can not be recommended at this time. According to the clinical documents, there is no evidence that the patient has been on this medication previously. The request for topical Cyclobenzaprine and Flurbiprofen is not medically necessary.