

Case Number:	CM15-0010176		
Date Assigned:	01/27/2015	Date of Injury:	07/02/2010
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial related injury on 7/2/10. The injured worker had complaints of low back and neck pain. Prescriptions included Butrans transdermal patch, clobetasol-emollient topical cream, and Norco. Diagnoses included cervical radiculopathy, neck pain, hypertension, and thoraco-lumbar degenerative disc disease/ degenerative joint disease. The treating physician requested authorization for Flurbiprofen topical cream 30gm a 72 hour supply, Flurbiprofen topical cream 60gm a 30 day supply, and Cyclobenzaprine 10 mg #60. On 1/9/15 the requests were non-certified. Regarding Flurbiprofen, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted rationale and medical necessity for topical Flurbiprofen use were not provided. Therefore, the request was non-certified. Regarding Cyclobenzaprine, the UR physician cited the MTUS guidelines and noted acute exacerbation of pain with spasms are not described only implied temporary symptoms after exercise. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen topical cream 30mg (72 hr. supply): Overturned

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127 Page(s): Non-steroidal antiinflammatory agents (NSAIDs).

Decision rationale: Yes, the flurbiprofen topical cream was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs, such as flurbiprofen are indicated in the treatment of arthritis of the knee and other small joints which are amenable to topical application. Here, the attending provider has in fact established that the applicant's primary pain generator was/is knee arthritis. Application of topical flurbiprofen may be indicated/preferable to usage of oral opioids here, particularly in light of the fact that the applicant's treating providers have suggested that the applicant has failed various opioids, including Norco. Introduction, selection, and/or ongoing usage of flurbiprofen was, thus, indicated here. Therefore, the request was medically necessary.

Flurbiprofen topical cream 60mg (30 day supply): Overturned

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 Non-steroidal antiinflammatory agents (NSAIDs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127.

Decision rationale: Yes, the flurbiprofen topical cream was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs, such as flurbiprofen are indicated in the treatment of arthritis of the knee and other small joints which are amenable to topical application. Here, the attending provider has in fact established that the applicant's primary pain generator was/is knee arthritis. Application of topical flurbiprofen may be indicated/preferable to usage of oral opioids here, particularly in light of the fact that the applicant's treating providers have suggested that the applicant has failed various opioids, including Norco. Introduction, selection, and/or ongoing usage of flurbiprofen was, thus, indicated here. Therefore, the request was medically necessary.

Cyclobenzaprine 10mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 41 of 127.

Decision rationale: Finally, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Norco.

Adding cyclobenzaprine to the mix is not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.