

Case Number:	CM15-0012671		
Date Assigned:	01/30/2015	Date of Injury:	06/10/2005
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 46 year old male, who sustained an industrial injury on 6/10/2005. He has reported back pain. The diagnoses have included herniated disc lumbar spine, lumbar strain with history of radiculopathy, status post spinal cord stimulator and depression. Treatment to date has included aquatic therapy, oral medications and spinal cord stimulator. Currently, the injured worker complains of back pain, neck pain and difficulty ambulating. Progress note dated 10/27/14 revealed tenderness and spasm of lumbar spine with restricted range of motion. On 1/8/15 Utilization Review non-certified a retrospective prescription for compound cream which contained Flurbiprofen, Cyclobenzaprine, noting the lack of evidence for proven efficacy, rendering it not medically necessary. Non- MTUS, ACOEM Guidelines was cited. On 1/21/15, the injured worker submitted an application for IMR for review of retrospective prescription for compound cream Flurbiprofen, Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Compound Flubiprofen, Cyclobenzaprine, prescribed on 4/29/14:
Upheld

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

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

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Retrospective request for Compound Flubiprofen, Cyclobenzaprine, prescribed on 4/29/14 is not medically necessary.