

Case Number:	CM15-0017090		
Date Assigned:	02/04/2015	Date of Injury:	08/18/1992
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73 year old female sustained an industrial injury on 8/18/92, with subsequent ongoing lumbar spine pain. Current diagnoses included radiculopathy, bulging disc and scoliosis. Recent treatment plan included physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 10/9/14, the injured worker reported a six month history of progressive lower extremity pain. Lower extremity x-rays and bone scan were negative for acute process. In a progress note dated 12/2/14, the injured worker had finished physical therapy and reported 50% reduction in pain. No physical assessment was included in the documentation submitted for review. Work status was permanent and stationary. The physician noted that the injured worker had tried a compound cream that was very helpful. A prescription for CMPD-Flurbipro/Cyclobenz/Lidocaine/Ethoxy LI/PCCA Day supply: 30 Qty:240 was provided. On 12/24/12, Utilization Review noncertified a request for CMPD-Flurbipro/Cyclobenz/Lidocaine/Ethoxy LI/PCCA Day supply: 30 Qty:240, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Flurbipro/Cyclobenz/Lidocaine/Ethoxy LI/PCCA Day supply: 30 Qty:240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with right knee pain, and is status post bilateral total knee arthroplasty and bilateral total hip arthroplasty, as per progress report dated 11/17/14. The request is for CMPD FLURBIPRO / CYCLOBEN / LIDOCAINE / ETHOXY CYPCCA DAY SUPPLY: 30 QTY: 240. The RFA for this case is dated 12/23/14, and the patient's date of injury is 08/18/92. As per PTP report dated 10/09/14, the patient complains of pain in right hip and thigh with limp. As per progress report dated 08/14/14, the patient reports right hip and back pain that can go up to 10/10 intermittently. The available reports do not document the patient's work status. Regarding topical analgesics, MTUS guidelines on page 111, state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, none of the progress reports document the use of this topical formulation. The treater does not state why this cream was chosen over other products. MTUS recommends topical NSAIDs only for peripheral joint arthritis. The guidelines do not recommend cyclobenzaprine and lidocaine in topical form. Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request IS NOT medically necessary.