

Case Number:	CM15-0123274		
Date Assigned:	07/07/2015	Date of Injury:	04/28/2012
Decision Date:	08/10/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/26/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on 4/28/2012. The medical records submitted for this review did not include the details of the initial injury. Diagnoses include chronic low back pain and lumbar radiculopathy affecting left L5 and S1 nerve roots. Treatments to date include anti-inflammatory, narcotic, physical therapy, and epidural steroid injections. Currently, her improvement in left lower extremity symptoms and improved balance from the lumbar epidural steroid injection received on 8/21/14. On 11/20/14, the physical examination documented a positive straight leg raise test on the right side and decreased sensation in the left L4-S1 dermatomes. The plan of care included Duexis three times a day for pain and the continuation of physical therapy. The appeal request was for a topical compound cream (flurbiprofen/Cyclobenzaprine/Lidocaine/Mediderm) from date of service 12/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen/Cyclobenzaprine/Lidocaine/Mediderm with date of service of 12/2/2014: Upheld

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
Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the requested medication contains a topical muscle relaxant. The continued use is not medically necessary.