

Case Number:	CM15-0077161		
Date Assigned:	04/28/2015	Date of Injury:	09/20/2014
Decision Date:	06/02/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/22/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

This 40 year old male sustained an industrial injury on 9/20/14. He subsequently reported neck, upper back, mid back, bilateral hand and right knee injury. Diagnoses include sprain/ strain of cervical, thoracic and lumbar spine as well as bilateral elbow and wrist, right ankle and right knee. Treatments to date have included MRI testing, a brace, crutches, therapy, acupuncture and prescription pain medications. The injured worker continues to experience neck, upper and mid back, bilateral knee, bilateral hand pain and psyche difficulties. Upon examination, antalgic gait, a limited range of motion due to pain, tenderness to palpation was noted. Straight leg raise test was positive. A retrospective request for Cyclobenzaprine 2%./Flurbiprofen 25%/base medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective; Cyclobenzaprine 2%./Flurbiprofen 25%/base dispensed 1/27/15: Upheld

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

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 cannot be recommended at this time. The request for topical Cyclobenzaprine and Flurbiprofen is not medically necessary.