

Case Number:	CM14-0141052		
Date Assigned:	09/10/2014	Date of Injury:	12/31/2010
Decision Date:	08/19/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	09/02/2014

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:

The injured worker is a 46 year old female, who sustained an industrial injury on 12/31/10. The injured worker has complaints of right knee, left ankle, radicular low back pain, left wrist and right ankle pain. The diagnoses have included lumbar spine pain. Treatment to date has included physical therapy; acupuncture; injections and extracorporeal shockwave therapy. The request was for 240gr cyclobenzaprine 2%, flurbiprofen 25%, and 240gr diclofenac 25%, tramadol 15%.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gr Cyclobenzaprine 2%, Flurbiprofen 25%, and 240gr Diclofenac 25%, Tramadol 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

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

Decision rationale: The patient presents with bilateral wrist pain, radicular low back pain with muscle spasms, right knee pain and left ankle pain. The request is for 240GR CYCLOBENZAPRINE 2%, FLURBIPROFEN 25%, AND 240GR DICLOFENAC 25%, TRAMADOL 15%. The request for authorization is dated. The patient is to continue the course of shockwave therapy. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. She denies any problems with the medications. Patient's medications include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophen and Ketoprofen Cream. Per progress report dated 11/18/13, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per progress report dated 11/18/13, treater's reason for the request is "Topical NSAID administration offers the advantage of local, enhanced delivery to painful sites, higher concentrations of NSAIDS are delivered to the desired site, and only 1-3% of NSAIDs are systemically absorbed, reducing the possibility of gastrointestinal perforation/hemorrhage." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Additionally, the requested topical compound contains Tramadol and Cyclobenzaprine, which are not supported for topical use. Therefore, the request IS NOT medically necessary.