

Case Number:	CM13-0004416		
Date Assigned:	12/11/2013	Date of Injury:	08/05/2011
Decision Date:	01/15/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old female who reported a work related injury on 08/05/2011. Diagnoses include cervical discopathy, thoracic discopathy, and lumbar discopathy. The patient has undergone chiropractic treatment and acupuncture. The request is for 2 topical creams to include Flurbiprofen/Cyclobenzaprine and tramadol/gabapentin/menthol/camphor/Capsaicin. Per clinical documentation presented, the patient has been prescribed these creams since at least 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%/ Cyclobenaprine 10% cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The recent clinical documentation submitted for review stated the patient continued to have ongoing neck and low back pain. She stated that she had a flare-up in her sciatic symptoms. Physical exam of the cervical spine revealed mildly reduced range of motion

with spasm noted. Spurling's maneuver was positive. Physical exam of the lumbar spine revealed mildly reduced range of motion with pain. Sciatic stretch test was positive and straight leg raise maneuver was negative. The patient was encouraged to continue her home exercises. California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are recommended as an option and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was a lack of documentation noting the patient's trial of other medications for her pain to include antidepressants or anticonvulsants. There are no evidence based guidelines to support the topical use of Cyclobenzaprine. Guidelines further state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. There is little to no research to support the use of many of these agents that are compounded. There is a lack of documentation noting the patient's functional improvements or efficacy due to her pain medication. Given the above, the request for prescription for Flurbiprofen/Cyclobenzaprine 15%/10% cream 180gm is non-certified.

Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 84,111-112.

Decision rationale: The clinical note dated 07/01/2013 stated that the patient's condition established the need for compounded topical medications, which were being administered to the patient. It was noted that the efficacy of these medications would be reviewed upon the patient's return visit. There was a lack of documentation submitted indicating the efficacy of these medications for the patient. There was no documentation stating the patient had functional improvements or pain relief due to the use of the compounded cream. The topical cream contains tramadol, gabapentin, menthol, camphor, and Capsaicin. California Chronic Pain Medical Treatment Guidelines indicate that gabapentin is not recommended as there is no peer reviewed literature to support its use. A recent review of tramadol revealed that this medication decreased pain intensity, produced symptom relief, and improved function for a time period of up to 3 months, but the benefits were small. Guidelines state that Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. There was no documentation that stated the patient had a satisfactory response to treatment, which would be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Therefore, the request for the prescription for tramadol/gabapentin/menthol/camphor/Capsaicin 180 g is non-certified.