

Case Number:	CM13-0026002		
Date Assigned:	11/22/2013	Date of Injury:	08/01/2009
Decision Date:	01/29/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/18/2013

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 Occupational Medicine and is licensed to practice in California. 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 claimant is a 63 year old male with date of injury 08/01/2009. He was working as a cashier when he was struck in the head by a customer with a case of beer. Recently, he complains of constant headaches, memory loss, anxiety, dizziness, and is easily aggravated. On 10/4/2013 he complained of constant headaches, memory loss, stress, anxiety, dizziness, nightmares, unable to sleep. Physical exam findings include cervical spine tender to palpation with muscle spasms from C2-C7 with right shoulder tenderness on range of motion. Thoracic spine has muscle spasms at T1-T3. Diagnoses include: 1) concussion syndrome 2) post traumatic headache 3) post traumatic stress disorder. Current medications include ibuprofen 600 mg, Protonix, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription for Flurbiprofen 15%/Cyclobenzaprine 10%/ VersaPro Base cream #180 topical compounds, DOS: 8/22/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 41,42,71,72,111.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) 8 C.C.R. §§9792.20 - 9792.26 (page 71, 72), flurbiprofen is a non-selective NSAID that is recommended for osteoarthritis and mild to moderate pain. The recommended dosing is "200-300mg per day at intervals of 2 to 4 divided doses. The maximum daily dose is 300 mg/day and the maximum divided dose is 100 mg (for instance, 100 mg twice a day)." Topical NSAIDs (page 111, 112) "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) 8 C.C.R. §§9792.20 - 9792.26 (page 41, 42), cyclobenzaprine is "Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008) Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. (Tofferi, 2004) Note: Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. See Antidepressants. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in LBP and is associated with drowsiness and dizziness. (Kinkade, 2007) Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical." Topical cyclobenzaprine is no