

Case Number:	CM13-0031083		
Date Assigned:	12/04/2013	Date of Injury:	08/30/2012
Decision Date:	01/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine, has a subspecialty in Pulmonary 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 patient is a 23 year old male who reported an injury on 08/30/2012. The mechanism of injury was a metal arm hitting the patient in the face breaking 3 of his teeth. The patient diagnoses consisted of headache, dental complaints, missing teeth, and headache, post traumatic, chronic. The clinical note dated 08/08/2013 reported the patient complained of ongoing intermittent headaches. There were also complaints of dull, achy, sharp neck pain and stiffness, which was aggravated by looking up, down or turning. The patient also continued to complain of upper front teeth pain 5/10, which increased with eating. There was noted decreased cervical flexion and rotation upon examination. Bilateral spasm and tenderness was noted to cervical spine. Cervical compression caused pain, and shoulder depression was positive bilaterally. The patient had participated in 24 physical therapy sessions at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine HCL 2% Flurbiprofen 21% 180mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: California MTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as mono-therapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. Cyclobenzaprine is a muscle relaxant ingredient in the requested treatment. There are no objective clinical findings or documentation of any gastrointestinal problems the patient may have to prevent him from taking any oral medications that could be used to treat the specific diagnosis being treated with the requested medication(s). The requested topical medication is used generally to treat localized pain to one particular area. Oral medications treat the body as a whole. As such, the request for retrospective Cyclobenzaprine HCL 2% Flurbiprofen 21% 180mg #1 is non-certified

Retrospective Capsaicin 0.0375% diclofenac 20% Tramadol 20% flurbiprofen 10% camphor 2% menthol 2% 180mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages Page(s): 111-113.

Decision rationale: California MTUS states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as mono-therapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. There are no objective clinical findings or documentation of any gastrointestinal problems the patient may have to prevent him from taking any oral medications that could be used to treat the specific diagnosis being treated with the requested medication(s). The requested topical medication is used generally to treat localized pain to one particular area. Oral medications treat the body as a whole. As such, the request for retrospective capsaicin 0.0375% diclofenac 20% Tramadol 20% flurbiprofen 10% camphor 2% menthol 2% 180mg #1 is non-certified.