

Case Number:	CM13-0040083		
Date Assigned:	12/20/2013	Date of Injury:	10/14/2008
Decision Date:	01/30/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ sustained a work injury on October 14 2008. He subsequently developed sprain/strain of the lumbosacral spine. According to the note of September 5 2013, the patient has severe back pain, graded 8/10, radiating to left lower extremity. Neurological examination was not focal. The rest of her examination showed lumbar tenderness, positive paraspinal spasm and decreased range of motion. The provider is requesting authorization for Flurbiprofen and Lidocaine cream and Cyclobenzaprine, Gabapentin, Methanol, and Capsaicin cream 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% and Lidocaine 2% cream 50 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS, in the Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of

these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation in the patient's record that the patient failed first line treatment such as anti-epileptic drugs. In addition topical lidocaine is supported only as a dermal patch. Therefore, Flurbiprofen 20% and Lidocaine 2% cream is not medically necessary.

Cyclobenzaprine, Gabapentin, Methanol and Capsaicin cream 30 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that the use of muscle relaxants such as cyclobenzaprine, and gabapentin as topical agents is approved in the MTUS or the literature. Therefore, the use of Cyclobenzaprine, Gabapentin, Methanol and Capsaicin cream 30 grams is not medically necessary.