

Case Number:	CM13-0043886		
Date Assigned:	12/27/2013	Date of Injury:	08/06/1979
Decision Date:	04/25/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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/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 53 year-old male with an injury date of 08/06/1979 and the mechanism of injury was not provided. The patient continues to have ongoing neck pain since her injury in 1979. The clinical notes from 09/16/2013 notes the patient has constant, dull, aching, pain and stiffness. The patient noted there was no improvement since his last visit. The request is for Topical Compound cream tramadol/gaba/cyclobenz/lido and flurbiprofen/caps/menth/camphor.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND CREAM TRAMADOL/GABA/CYCLOBENZ/LIDO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation TOPICAL ANALGESICS, COMPOUNDED.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, TRAMADOL, GABAPENTIN, CYCLOBENZAPRINE, LIDOCAINE, Page(s): 111, 82, 113, 41,.

Decision rationale: The California MTUS indicates topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed....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. This agent is not currently FDA approved for a topical application. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." There is no evidence for use of any other anti-epilepsy drug as a topical product...does not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product...The addition of Cyclobenzaprine to other agents is not recommended". Given the above and that all of the medications in the compound are not recommended, along with a lack of documentation to support non-adherence to guideline recommendations, the request for 1 prescription for Tramadol/Gabapentin/Cyclobenzaprine/Lido is not medically necessary.

COMPOUND CREAM FLURBIPROFEN/CAPS/MENTH/CAMPHOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation TOPICAL ANALGESICS, COMPOUNDED

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 72, 28, 105.

Decision rationale: The California MTUS indicates topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....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. Flurbiprofen is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution." Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are no evidence-based guideline recommendations regarding topical applications for menthol or camphor. Given the above and that all of the medications in the compound are not recommended, along with a lack of documentation to support non-adherence to guideline recommendations, the request for flurbiprofen, menthol and camphor is not medically necessary.