

Case Number:	CM13-0046307		
Date Assigned:	12/27/2013	Date of Injury:	01/04/2012
Decision Date:	03/12/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Emergency Medicine, 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 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:

This patient is a 65 year-old male with a date of injury of 1/4/12. The most recent PR-2 progress report identified subjective complaints of moderate headaches and severe pain in the low back and hips. He reported no improvement in his symptoms. Objective findings included tenderness and decreased range-of-motion of the lumbar spine as well as muscle spasm. Diagnoses included status-post blunt head injury, bilateral hip sprain/strain, and lumbar strain/sprain with radiculopathy. Treatment has included physical rehabilitation, electroshock, and oral medications, including Xanax, Paxil, and Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retroactive request for Flurbiprofen/Cyclobenzaprine (9/27/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Flurbiprofen is an NSAID being used as a topical analgesic. The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. They are primarily

recommended for neuropathic pain. The efficacy of topical NSAIDs in osteoarthritis has been inconsistent. They have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In neuropathic pain, they are not recommended, as there is no evidence to support their use. The only FDA approved topical NSAID is Diclofenac. The guidelines further state that any compounded product that contains at least one drug or drug class that is not recommended individually is not recommended as part of a compounded medication. Therefore, there is no necessity for the addition of Flurbiprofen in the topical formulation for this patient. Cyclobenzaprine is a topical analgesic and muscle relaxant. The MTUS Guidelines state that there is no evidence for any muscle relaxant as a topical product. Since neither medication is recommended, the request is noncertified.

The retroactive request for Tramadol/Gabapentin/Menthol/Camphor/Capsaicin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines; and www.updates.pain-topics.org; J Anesth 2010 Oct;24(5):705-8.

Decision rationale: The California MTUS states that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. They are primarily recommended for neuropathic pain. The Official Disability Guidelines (ODG) state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy of topical Tramadol is not specifically addressed in the MTUS or the ODG. There is some data that topical Tramadol has efficacy directly at an acute postsurgical site. However, there is insufficient data to assure that significant systemic absorption does not occur. Lacking definitive data on the efficacy of topical Tramadol, the medical record does not document neuropathic pain that has failed antidepressant or anticonvulsant therapy. The guidelines further state that any compounded product that contains at least one drug or drug class that is not recommended individually is not recommended as part of a compounded medication. Gabapentin is an anti-epilepsy drug. The MTUS guidelines state that Gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Guidelines state that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The Official Disability Guidelines (ODG) state that neither salicylates nor capsaicin have shown efficacy in the treatment of osteoarthritis. However, since Gabapentin is not recommended, the compound cannot be recommended. As such, the request is noncertified.

Flurbiprofen/Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Flurbiprofen is an NSAID being used as a topical analgesic. The California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. They are primarily recommended for neuropathic pain. The efficacy of topical NSAIDs in osteoarthritis has been inconsistent. They have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In neuropathic pain, they are not recommended, as there is no evidence to support their use. The only FDA approved topical NSAID is Diclofenac. The guidelines further state that any compounded product that contains at least one drug or drug class that is not recommended individually is not recommended as part of a compounded medication. Therefore, there is no necessity for the addition of Flurbiprofen in the topical formulation for this patient. Cyclobenzaprine is a topical analgesic and muscle relaxant. The MTUS Guidelines state that there is no evidence for any muscle relaxant as a topical product. Since neither medication is recommended, the request is noncertified.

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