

Case Number:	CM13-0058571		
Date Assigned:	04/18/2014	Date of Injury:	02/17/2003
Decision Date:	05/23/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 74-year-old male with a date of injury of 02/17/2003. The injured worker has diagnoses of posttrauma headaches; depression with anxiety; sleep arousal disorder; cervical facet syndrome; dementia with behavioral disturbance; headache/facial pain; sprains/strains of pelvis; encounter for long-term use of other medications; and encounter for therapeutic drug monitoring. The injured worker was seen on 01/14/2014 with complaints of pain in the lower back to the right thigh, predominantly into the SI joint and right trochanter. The injured worker still had headaches on the top of the head and weakness and felt tired with stair climbing. There was also stiffness noted to the bilateral shoulders and the base of the neck. The injured worker did state that the dizziness had improved slightly and continued to be less of a problem. On physical exam, the physician noted that Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms on both of the sides. The physician did note that the injured worker was still having headaches and vertigo with repositioning of the head. The injured worker had an MRI of the brain on 10/23/2013, which noted no signs of subdural hematoma, infarction, tumor in the brain. The MRI showed normal postoperative changes with no signs of a tumor. The request on 12/18/2013 for Flurbiprofen 20% cream and Cyclobenzaprine 10% and Gabapentin 10% cream 30GM. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20% CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

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

Decision rationale: The California MTUS states that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Also, 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 a lack of systemic side effects, the absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy 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 1 drug or drug class that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effects of each agent and how it will be useful for the specific therapeutic goal required. Flurbiprofen is a nonsteroidal anti-inflammatory agent, which is only recommended for short-term use, and there is little evidence for the utilization of topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulders. They are not recommended for neuropathic pain. There was no documentation provided that the flurbiprofen cream had been effective in decreasing the injured worker's pain. It was also noted per the guidelines that flurbiprofen is only recommended for a short period of time. The request as submitted also failed to provide the frequency of the medication to determine the necessity. Given the guidelines and the lack of supporting documentation of the effectiveness of the cream and frequency, this request is not medically necessary.

CYCLOBENZAPRINE 10% + GABAPENTIN 10% CREAM 30GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

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

Decision rationale: The California MTUS states that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy 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 1 drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the special analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Cyclobenzaprine is muscle relaxant, and the guidelines does state that there is no evidence for the use of muscle relaxants as topical products. The other component to this cream is gabapentin, which is not recommended for topical use. There is no peer-reviewed literature to

support its use. The documentation provided for review did not support improvement of pain or function with the use of this medication. Therefore, the request is not medically necessary.