

Case Number:	CM13-0068318		
Date Assigned:	01/03/2014	Date of Injury:	07/17/2013
Decision Date:	05/28/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational 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 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 an employee of [REDACTED] and has submitted a claim for cervical radiculitis, cervical and lumbar myofascial sprain, and lumbar disc degeneration associated with an industrial injury date of 07/17/2013. Treatment to date has included physical therapy, and use of topical medications. Medical records from 2013 to 2014 were reviewed showing that patient complained of chronic pain at the neck, right shoulder and low back radiating to the right lower extremity. Physical examination showed paracervical, right trapezius, paralumbar, right gluteal, and right sciatic notch tenderness. Motor strength was graded 5/5. Deep tendon reflexes were equal and symmetric. Sensation was intact. Gait was balanced and symmetric. Patient was able to perform both heel-rise and toe-rise. Utilization review from 12/12/2013 denied the request for pharmacy purchase of flurbiprofen 20%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, and lidocaine 2.5% due to lack of recommendation on its safety and efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, LIDOCAINE 2.5%: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support flurbiprofen as an NSAID topical. CA MTUS does not support the use of muscle relaxants such as baclofen and cyclobenzaprine as topical medications. CA MTUS does not support the use of gabapentin as a topical formulation. CA MTUS only supports lidocaine topical as a transdermal formulation. In this case, the patient suffers from chronic pain. There is no discussion of failure of oral medications. The requested compound topical is not recommended based on the guidelines stated above. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for pharmacy purchase of flurbiprofen 20%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, and lidocaine 2.5% is not medically necessary.