

Case Number:	CM13-0068922		
Date Assigned:	01/03/2014	Date of Injury:	04/11/1985
Decision Date:	05/27/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 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:

According to the records made available for review, this is a 59-year-old female with a 4/11/85 date of injury. At the time (10/15/13) of request for authorization for p3 topical compound cream 120mg with three refills and 60 Flexeril 10mg, there is documentation of subjective (low back pain radiating to the right leg as well as left lower extremity pain) and objective (tenderness over the paravertebral musculature, forward flexion to 60 degrees, extension to 10 degrees, and lateral bending at 30 degrees) findings, current diagnoses (status post multiple surgeries, psychological diagnosis, right hip greater trochanteric bursitis, left carpal tunnel syndrome, lumbar spondylosis, bilateral plantar fasciitis, and fibromyalgia syndrome), and treatment to date (TENS unit, psychotherapy, and medications (including ongoing treatment with P3 topical compound, Norco, and Flexeril since at least 4/11/13)). Regarding 60 Flexeril 10mg, there is no documentation of acute muscle spasm. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

P3 TOPICAL COMPOUND CREAM 120MG WITH THREE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.bbpharmacy.com/paincompounding.html>.

Decision rationale: The online search identifies that P3 topical compound cream contains Diclofenac 5% + Lidocaine 4% + Prilocaine 2% + Gabapentin 3% + Baclofen 1%. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other ant epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of status post multiple surgeries, psychological diagnosis, right hip greater trochanteric bursitis, left carpal tunnel syndrome, lumbar spondylosis, bilateral plantar fasciitis, and fibromyalgia syndrome. In addition, there is documentation of a request for P3 topical compound cream. However, P3 topical compound cream contains at least one drug (lidocaine, Baclofen, and gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for p3 topical compound cream 120mg with three refills is not medically necessary.

60 FLEXERIL 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of status post multiple surgeries, psychological diagnosis, right hip greater trochanteric bursitis, left carpal tunnel syndrome, lumbar spondylosis, bilateral plantar fasciitis, and fibromyalgia syndrome. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 4/11/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a

result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for 60 Flexeril 10mg is not medically necessary.