

Case Number:	CM14-0003362		
Date Assigned:	01/31/2014	Date of Injury:	09/07/2012
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 injured worker is a 62 year old female who reported an injury on 09/07/2012. The mechanism of injury was unclear in the clinical documentation provided. The clinical noted dated 11/08/2013 reported the injured worker complained of intermittent neck pain, rated 5/10, with radiation the right lower extremity as well as spasms. The injured worker also reported intermittent right shoulder pain, rated 5/10, with numbness and tingling. The injured worker reported having physical therapy twice a week which improved her range of motion. The physical exam noted decreased range of motion to the cervical spine. The provider documented a positive Hawkins and Neer's sign, with paraspinal spasm and tenderness. The injured worker had diagnosis of cervical spine herniated nucleus pulposus at C4-C5 and C5-C6 with right upper extremity radiculopathy, thoracic spine musculoligamentous sprain, right shoulder musculoligamentous sprain, lumbar spine musculoligamentous sprain. The provider requested for prospective request for 1 prescription of Flexeril 10 mg, # 90, prospective request for 1 prescription of flurbiprofen 20 % gel 120 gm, prospective request for 1 prescription of ketoprofen 20% 120 GM/ Ketamine 10% gel 120 GM, and prospective request for 1 prescription of gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% 120gm. The request for authorization was not provided in the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLEXERIL 10MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The California MTUS guidelines may recommend cyclobenzaprine for a short course of therapy. The guidelines note flexeril is used to decrease muscle spasm in conditions such as low back pain. The guidelines do not allow for the recommendation of chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The documentation provided indicated the injured worker had been on flexeril since 2013 which exceeds the guidelines recommendation of a short term use also noted this medication is not indicated for chronic use. Therefore, the request for Flexeril 10mg #90 is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLURBIPROFEN 20% GEL 120GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. The documentation failed to show a sufficient indication for use of topical flurbiprofen; therefore, the request is not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF KETOPROFEN 20% 120GM/ KETAMINE 10%GEL 120GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

guidelines also note Ketamine is not recommended, as there is insufficient evidence to support the use of ketamine for treatment of chronic pain. Moreover, ketoprofen is not recommended as it has an extremely high incidence of photo contact dermatitis. Given the clinical information, the guidelines do not recommend the use of ketamine and ketoprofen; therefore, the request is not medically necessary.

**PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF GABAPENTIN
10%/CYCLOBENZAPRINE 10%/CAPSAICIN 0.0375% 120GM: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: The California MTUS guidelines note Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, the guidelines note capsaicin to be used in a 0.025% there is no indication that an increase over this would provide any further efficacy, the requested medication contains 0.375 % which exceeds the guideline recommendation. In addition, gabapentin and cyclobenzaprine are not recommended as there is no peer-reviewed literature to support topical use of these medications. Therefore, gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% 120gm is not medically necessary.