MAXIMUS Federal Services

Case Number:	CM14-0107302		
Date Assigned:	09/16/2014	Date of Injury:	07/14/2011
Decision Date:	10/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/10/2014

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 and Rehabilitation & Pain Medicine and is licensed to practice in California & Washington. 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 42-year-old male with a reported date of injury on 07/14/2011. The injury reportedly occurred when the injured worker injured his low back after he fell when he was moving cabinetry. His diagnoses were noted to include status post lumbar fusion with residual pain and lower extremity radiculitis. His previous treatments were noted to include medication and aqua pool therapy. The progress note dated 06/19/2014 revealed complaints of low back pain with residual pain that radiated into the right leg. The pain was rated 7/10 to 8/10 and described as frequent, constant, moderate to severe, and associated with numbness and tingling of the bilateral legs. The injured worker complained of numbness to the great toe. The injured worker reported that the symptoms persisted, but the medications did offer temporary relief of pain and improved his ability to have a restful sleep. The physical examination to the lumbar spine revealed well healed surgical incisions consistent with the prior surgery. There was tenderness to palpation at the surgical site and pain with palpation noted over the lumbar spine. There was tenderness to palpation at the left quadratus lumborum, left trochanter bursa, and lumbosacral junction. There were trigger points noted at the PSIS on the left side. There was also tenderness to palpation at both sciatic notches over the right side. The range of motion to the lumbar spine was noted to be diminished, and the lumbar orthopedic tests such as the tripod sign, flip test, and Lasgue's differential were noted to be positive bilaterally. There was diminished sensation to pinprick and light touch at the L4, L5, and S1 dermatomes bilaterally, and motor strength was decreased at the bilateral lower extremities secondary to pain. The deep tendon reflexes were 2+ and symmetric in the bilateral lower extremities. The Request for Authorization Form dated 06/13/2014 was for compound medication: 240 grams of cyclobenzaprine 2%/flurbiprofen 25% for musculoskeletal conditions and osteoarthritis of mild to moderate pain, stiffness, and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Compound Medication: 240 Gm Cyclobenzaprine 2%, Flurbiprofen 25%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics Cyclobenzaprine Page(s): 72, 111,41.

Decision rationale: The injured worker has been utilizing this medication since at least 06/2014. The MTUS Chronic Pain Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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. Flurbiprofen is not currently FDA approved for topical application. The FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmic solution. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of Cyclobenzaprine to other agents is not recommended. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.