

Case Number:	CM14-0012501		
Date Assigned:	02/21/2014	Date of Injury:	08/16/2007
Decision Date:	07/29/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 61-year-old female who has submitted a claim for sciatica associated with an industrial injury date of 08/16/2007. Medical records from 2013 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, left worse than right. NSAID intake resulted to gastric upset. Physical examination of the lumbar spine showed tenderness and restricted range of motion. The right sciatic notch was likewise tender. Reflexes were normal. Straight leg raise test at the right resulted to radicular pain. Dyesthesia was noted at right L5 and S1 dermatomes. Treatment to date has included lumbar epidural steroid injection, home exercise program, and medications such as ibuprofen, omeprazole, and topical drugs. Utilization review from 01/13/2014 denied the request for POS CMPD-Flurbipro/Cyclobenz/Gabapenti/Lidocaine/Prilo day supply: 8 quantity: 60 refills: 11 because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS CMPD-FLURBIPRO.CYCLOBENZ/GABAPENTI/LIDOCAINE/PRILO DAY SUPPLY: 8 QUANTITY: 60 REFILLS: 11: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS supports a limited list of NSAID topical, which does not include Flurbiprofen. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended for use as a topical analgesic. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, patient complained of gastric upset from chronic ibuprofen use prompting adjuvant therapy with topical drug formulation. However, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains drug components that are not recommended for topical use. Moreover, there was no discussion concerning the abundant quantity of drug being requested. Therefore, the request for POS CMPD-Flurbipro.Cyclobenz/Gabapenti/Lidocaine/Prilo day supply: 8 quantity: 60 refills: 11 is not medically necessary.