

Case Number:	CM14-0013698		
Date Assigned:	02/26/2014	Date of Injury:	04/03/2007
Decision Date:	08/07/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

Patient is a 46-year-old female who has submitted a claim for knee osteoarthritis, lumbar spine spondylosis, bilateral carpal tunnel syndrome, and status post bilateral total hip arthroplasty associated with an industrial injury date of April 3, 2007. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the lumbar spine, both hips, both knees, and both wrists. Aggravating factors included excessive activity and during prolonged positions. Numbness and tingling sensation of both hands were noted. Physical examination showed tenderness and muscle spasm of the lumbar spine. Knee effusion bilaterally was noted. Range of motion was restricted at lumbar spine and both hips. Motor, reflex, and sensory exam were normal. Treatment to date has included bilateral total hip arthroplasty, and medications such as cyclobenzaprine, hydrocodone, Colace, omeprazole, and topical drugs. Utilization review from January 13, 2014 denied the request for cyclobenzaprine (Fexmid) 7.5mg x 60 because there was no evidence of spasticity; and denied compounded topical creams x 2: 30gm flurbiprofen 25pct-menthol 10pct camphor 3pct capsaicin 0.0375 pct; 30gm cyclobenzaprine 10pct tramadol 10pct, 120gm tube 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:

Fexmid (Cyclobenzaprine HCL) 7.5mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, patient has been on Fexmid since June 2013. Although recent physical examination was still evident for muscle spasm, long-term use of Fexmid is not guideline recommended. Therefore, the request for Fexmid (Cyclobenzaprine HCL) 7.5mg, sixty count, is not medically necessary or appropriate.

Compounded topical creams 30gm Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% and 30gm Cyclobenzaprine 10%/TRAMADOL 10%, 120gm tube, quantity of two: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin; Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Regarding Menthol component, the Chronic Pain Medical Treatment Guidelines do not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burn. The topical formulation of tramadol does not show consistent efficacy. Furthermore, there is little to no research to support the use of capsaicin 0.0325% in topical compound formulations. The guidelines do not address camphor. In this case, patient has been prescribed this topical product since June 2013. However, there was no documentation concerning functional improvement derived from its use. Moreover, guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin 0.0375%, Flurbiprofen, cyclobenzaprine, and tramadol are not recommended as topical formulated drugs. Therefore, the request for Compounded topical creams 30gm Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% and 30gm Cyclobenzaprine 10%/TRAMADOL 10%, 120gm tube, quantity of two, is not medically necessary or appropriate.