

Case Number:	CM14-0019368		
Date Assigned:	04/21/2014	Date of Injury:	04/11/2012
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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 Medicine and is licensed to practice in Florida. 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 37-year-old female who reported an injury on 04/11/2012 secondary to lifting a binder. She was noted to have been treated previously with medications and a cortisone injection to the left shoulder in addition to 4 months of physical therapy. She was evaluated on 10/23/2013 and reported musculoskeletal pain of unknown site and severity as well as indigestion and gastrointestinal irritation. The injured worker was diagnosed with acid reflux secondary to NSAIDs as well as constipation and diarrhea secondary to stress and NSAIDs. She was advised to discontinue NSAIDs and to utilize Medrox patches and topical NSAID creams for her musculoskeletal pain. The injured worker was evaluated by an internist on 01/29/2014 and reported gastrointestinal upset and irritation. No reports of pain or abnormal findings were documented on that date, and examination of the extremities was deferred. A request for authorization was submitted on 01/29/2014 for compounded topical analgesic therapy creams (flurbiprofen 25%, cyclobenzaprine 2%) and (gabapentin 10%, lidocaine 5%, and tramadol 15%).

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 25% CYCLEBENZAPRINE 02% 240GM: 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: The request for flurbiprofen 25% cyclobenzaprine 2% 240gm is non-certified. California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Flurbiprofen is an NSAID. The guidelines state that there is little to no evidence to support topical NSAID use for musculoskeletal pain of the spine, hip, or shoulder. There is no recent documentation of the injured worker's pain severity or location. Therefore, it is unclear if the injured worker would benefit from a topical NSAID. Cyclobenzaprine is a muscle relaxant. The evidence-based guidelines do not currently recommend any muscle relaxant as a topical formulation. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compounded medication contains at least one drug that is not recommended. As such, the request for flurbiprofen 25% cyclobenzaprine 2% 240gm is not medically necessary.

GABAPENTIN 10%, LIDOCAINE 5%, TRAMADOL 15%: 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: The request for gabapentin 10%, lidocaine 5%, and tramadol 15% is non-certified. California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical gabapentin is currently not recommended by these guidelines, as there is no peer-reviewed literature to support its use. Lidoderm is the only topical formulation of lidocaine recommended by evidence-based guidelines. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compounded medication contains at least two drugs that are not recommended. As such, the request for gabapentin 10%, lidocaine 5%, and tramadol 15% is not medically necessary.