

Case Number:	CM14-0111623		
Date Assigned:	09/16/2014	Date of Injury:	10/17/2009
Decision Date:	10/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

██████████ is a 33-year-old man who sustained a work related injury on October 17, 2009. Subsequently, he developed low back pain. Based on the progress report dated May 15, 2014, the patient was complaining of back pain. Physical examination demonstrated lumbar tenderness with reduced range of motion. The patient was previously treated with topical analgesics without clear benefit. The provider requested authorization for Hydrocodone/APAP, Flurbiprofen 15%, Cyclobenzaprine 10% cream, TGHOT cream, and App Trim 2 cap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gab/Lid/ Aloe/Emu/Cap/Men/Cam (Patch) 10percent 2percent .5percent 30 percent .025percent 10 percent 5percent QTY. 120 X Refill: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other

pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that compounded gabapentin/ Lid/Aloe/Cap/Men/Cam is recommended as topical analgesics for chronic back pain. Compounded gabapentin/ Lid/Aloe/Cap/Men/Cam, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Gab/Lid/ Aloe/Emu/Cap/Men/Cam (Patch) 10 percent 2 percent .5 percent 30 percent .025percent 10 percent 5percent QTY. 120 X Refill is not medically necessary.

Flurbiprofen 10 percent Capsaicin 0.025 percent 120mis 1 Refill: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of back and neck pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, Flurbiprofen/ Cyclobenzaprine 15/10% cream is not medically necessary.