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| Case Number: | CM14-0126591 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 12/03/1990 |
| Decision Date: | 10/03/2014 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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 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:

The injured worker is a 74 year old male who reported an injury on 12/23/1990. The mechanism of injury was not indicated in the clinical notes. His diagnoses included cervical stenosis at C3-4 and C4-5, cervical radiculitis and status post anterior cervical discectomy and fusion at C5-C7. His past treatments included surgery, injections, and medications. His diagnostic exams were not provided. His surgical history included an anterior cervical discectomy and fusion of C5-C7. On 01/15/2014 the injured worker complained of left sided neck pain, and muscle spasm in the left trapezium with some pain and paresthesia down his left arm. The physical exam revealed that there was tenderness to his posterior cervical and left trapezius musculature with active spasms noted. The injured worker was able to flex within 1 fingerbreadths of chin to chest and had extension to 20 degrees and lateral rotation of 70 degrees, bilaterally. His medications included Celebrex 200mg 1 tab a day. The treatment plan included the injection of the left trapezius muscle with 5cc of lidocaine, and physical therapy. Also, on an unspecified date there was a recommendation for the use of baclofen/cyclobenzaprine/flurbiprofen/lidocaine topical cream #2. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Baclofen/cyclobenzaprine/flubiprofen/lidocaine topical cream 5& 120g with two refills. Date of service: 2/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical medications.

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

Decision rationale: The retrospective request for Baclofen/cyclobenzaprine/flubiprofen/lidocaine topical cream 5 and 120 gm with two refills is not medically necessary. The active ingredients in the compound topical cream are Baclofen, Cyclobenzaprine, Flubiprofen and lidocaine. The California/MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In regard to the use of topical NSAIDs, the guidelines state that this treatment may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. In regards to cyclobenzaprine, the guidelines state that the use of topical muscle relaxants are not recommended as there is no evidence for use of any muscle relaxant as a topical product. In regard to lidocaine for the use of a topical analgesic, the guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine; whether creams, lotions or gels, are indicated for neuropathic pain other than Lidoderm. There is an absence of documentation demonstrating that the injured worker had neuropathic pain to permit the use of lidocaine as a topical analgesic. The guidelines do not support the use of lidocaine as a topical medication unless it is in a dermal form such as Lidoderm. In addition, the injured worker is being treated for pain to her cervical spine. However, the guidelines state that use of topical NSAIDs are not recommended in treatment of the spine. Moreover, the guidelines specifically state that topical muscle relaxants such as cyclobenzaprine are not recommended. As the requested compound topical medication contains one or more ingredients that are not recommended, the compound is also not recommended. Additionally, the request as submitted did not specify a frequency of use. Therefore, the retrospective request for baclofen/cyclobenzaprine/flubiprofen/lidocaine topical cream 5 and 120 gm with two refills is not medically necessary.