

Case Number:	CM14-0135696		
Date Assigned:	08/29/2014	Date of Injury:	07/24/2002
Decision Date:	12/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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 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:

According to the records made available for review, this is a 61-year-old male with a 7/24/02 date of injury. At the time (6/30/14) of the request for authorization for Cyclobenzaprine 10% Gabapentin 10% cream 30gm, Flurbiprofen 20% cream 30gm, and Tramadol 20% cream 30gm, there is documentation of subjective (pain located in his lower back radiating down bilateral legs, right significantly greater than left, into the foot) and objective (lumbar spinal tenderness, lumbar paraspinal tenderness, lumbar facet tenderness at L4-S1, positive lumbar facet loading maneuvers, dullness to pinprick right lateral thigh and leg numbness, and weakness right extensor hallucis longus) findings, current diagnoses (chronic pain syndrome, lower back pain, sciatica, and lumbar/thoracic radiculopathy), and treatment to date (medication including opioids). Regarding Flurbiprofen 20% cream 30gm, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). Regarding Tramadol 20% cream 30gm, there is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10% Gabapentin 10% cream 30gm: 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: Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lower back pain, sciatica, and lumbar/thoracic radiculopathy. However, the requested Cyclobenzaprine 10% Gabapentin 10% cream 30gm contains at least one drug (gabapentin) and drug class (Cyclobenzaprine (muscle relaxants)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 10% Gabapentin 10% cream 30gm is not medically necessary.

Flurbiprofen 20% cream 30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lower back pain, sciatica, and lumbar/thoracic radiculopathy. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and the intent to treat over a short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen 20% cream 30gm is not medically necessary.

Tramadol 20% cream 30gm: 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: Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lower back pain, sciatica, and

lumbar/thoracic radiculopathy. In addition, there is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 20% cream 30gm is not medically necessary.