

Case Number:	CM14-0150157		
Date Assigned:	09/18/2014	Date of Injury:	11/30/2010
Decision Date:	10/17/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/15/2014

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 Tennessee. 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:

This patient is a 56-year-old male who has submitted a claim for mechanical, discogenic low back pain, traumatic compression fracture of superior endplate of lumbar region, shoulder impingement syndrome, and bilateral shoulder tenodesis associated with an industrial injury date of 11/30/2010. Medical records from 2014 were reviewed. Patient complained of low back pain and bilateral shoulder pain, rated 5 - 6 /10 in severity, described as throbbing and burning. Physical examination of both shoulders showed restricted motion, negative impingement sign, and negative apprehension test. Lumbar range of motion was likewise restricted. Treatment to date has included physical therapy, and medications such as topical creams, Norco, and Docuprene. Utilization review from 09/10/2014 denied the requests for FlurLido-A cream (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%), QTY: 240gm, and UltraFlex-G cream (Gabapentin 10%/Cyclobenzaprine 8%/Tramadol 10%), QTY: 240 gm 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:

FlurLido-A cream (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%), QTY: 240gm:
Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen, lidocaine, and amitriptyline, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for FlurLido-A cream (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%), QTY: 240gm is not medically necessary.

UltraFlex-G cream (Gabapentin 10%/Cyclobenzaprine 8%/Tramadol 10%), QTY: 240 gm: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Cyclobenzaprine is not recommended for use as a topical analgesic. The topical formulation of tramadol does not show consistent efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains gabapentin, cyclobenzaprine, and tramadol, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for UltraFlex-G cream (Gabapentin 10%/Cyclobenzaprine 8%/Tramadol 10%), QTY: 240 gm is not medically necessary.