

Case Number:	CM14-0153885		
Date Assigned:	09/23/2014	Date of Injury:	11/24/1999
Decision Date:	10/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 61-year-old male who sustained a remote industrial injury on 11/24/99 diagnosed with lumbar disc displacement with radiculopathy, lumbar radiculopathy, lumbar spine sprain/strain, and lumbar spinal stenosis. Mechanism of injury occurred when the patient was tipping a dolly full of videotapes and experienced low back pain. The request for Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2% Cream 240gm was non-certified at utilization review due to lack of support of the use of Gabapentin topically, any muscle relaxant as a topical agent, and topical NSAIDs other than the Federal Drug Administration approved Diclofenac. The most recent progress note provided is 06/16/14. Patient complains primarily of dull and aching low back pain rated as an 8/10 without medications and a 6/10 with medications associated with radiating pain and numbness/tingling to both lower extremities. Back bending and lifting aggravate the pain while rest and medications relieve the pain. Patient also reports a loss of sleep due to the pain. Physical exam findings reveal tenderness and myospasm palpable over the bilateral paralumbar muscles, palpable tenderness in the sciatic notches, positive straight leg raise bilaterally, positive Braggard's test bilaterally, and decreased range of motion of the lumbar spine in all planes. Current medications are not adequately listed but it is noted that the following medications were prescribed during this visit: Hydrocodone 10/325mg for moderate pain control, Soma 250mg for muscle spasm, Protonix 20mg as a prophylactic gastro protectant, Gabapentin 600mg, Flurbiprofen 15%/Gabapentin 10%/Cyclobenzaprine 2% Cream 240gm, and Tramadol 15%/Gabapentin 10%/Lidocaine 5% Cream 240gm. Provided documents include previous progress reports that do not adequately list the patient's medication list, urine toxicology reports that do not always include a medication list, requests for authorization, and an appeal of a non-certification of treatment. The patient's previous treatments include medications, physical therapy, acupuncture, massage therapy, participation in a multidisciplinary pain management

program, multiple back surgeries, cognitive therapy, injections, and knee surgery. Imaging studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 415% / Gabapentin 10%/ Cyclobenaprine 2% Cream 240mg: Upheld

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

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

Decision rationale: When assessing the medical necessity of topical medications, MTUS is utilized, which notes that topical application of medications is largely experimental. According to MTUS Guidelines on topical analgesics, NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In the current clinical setting, there is no documentation of a diagnosis of osteoarthritis or tendinitis for this patient. Further, the treating provider does not provide a rationale as to why the patient requires topical NSAIDs versus traditional oral agents and it is unclear what the patient's current medication list consists of. The guidelines further note, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This particular formulation also contains Gabapentin and Cyclobenzaprine, and there is no evidence to support topical application of Gabapentin and muscle relaxants such as Cyclobenzaprine as efficacious. Lastly, the dosing frequency of this request is not specified. For these reasons, medical necessity is not supported.