

Case Number:	CM14-0158135		
Date Assigned:	10/01/2014	Date of Injury:	12/18/2012
Decision Date:	12/26/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 57-year-old male with a 12/18/12 date of injury. At the time (9/22/14) of request for authorization for topical ointments, Cyclobenzaprine 2%, Flurbiprofen 25%, Penderm base 240gm, and Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 240gm dispensed on 12/31/2013, there is documentation of subjective (essentially unchanged) and objective (tenderness to palpation with spasms of the right upper trapezius muscle and right suboccipital, limited range of motion of the cervical spine secondary to pain; lumbar spine tenderness with spasms of the paraspinals and the quadratus lumborum muscles bilaterally, limited range of motion secondary to pain; right shoulder tenderness to palpation with spasms of the right upper trapezius muscle, and tenderness to palpation of the right acromioclavicular joint, limited range of motion secondary to pain, and positive impingement) findings, current diagnoses (cervical spine sprain/strain, myospasms, right shoulder sprain/strain, clinical impingement, right upper extremity neuropathy, lumbar spine sprain/strain, right shoulder tenosynovitis, bursitis, subchondral cyst erosion, disc desiccation of the cervical spine, multilevel disc protrusions of the cervical spine, annular tear L4-5, multilevel disc protrusions, discogenic spondylosis, and facet arthrosis), and treatment to date (activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical ointments, Cyclobenzaprine 2%, Flurbiprofen 25%, Penderm base 240gm, and Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 240gm dispensed on 12/31/2013: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies 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 anti-epilepsy 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 cervical spine sprain/strain, myospasms, right shoulder sprain/strain, clinical impingement, right upper extremity neuropathy, lumbar spine sprain/strain, right shoulder tenosynovitis, bursitis, subchondral cyst erosion, disc desiccation of the cervical spine, multilevel disc protrusions of the cervical spine, annular tear L4-5, multilevel disc protrusions, discogenic spondylosis, and facet arthrosis. However, topical ointment Cyclobenzaprine 2%, Flurbiprofen 25%, Penderm base 240gm contains at least one drug class (muscle relaxants (cyclobenzaprine)) that is not recommended. In addition, topical ointment Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 240gm contains at least one drug (Gabapentin and Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for topical ointments, Cyclobenzaprine 2%, Flurbiprofen 25%, Penderm base 240gm, and Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 240gm dispensed on 12/31/2013 is not medically necessary.