

Case Number:	CM14-0164535		
Date Assigned:	10/09/2014	Date of Injury:	09/19/2012
Decision Date:	11/25/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/07/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 42 year old patient with date of injury of 09/19/2012. Medical records indicate the patient is undergoing treatment for lumbar disc displacement, lumbar radiculitis, lumbar sprain/strain, loss of sleep and anxiety. Subjective complaints include burning, radicular low back pain and muscle spasms. He rates the pain as 7/10 and described it as constant moderate to severe. It is associated with numbness and tingling of the bilateral lower extremities. The pain is aggravated by prolonged positioning including sitting, standing, walking, bending, and arising from a sitting position, ascending or descending stairs and stooping. His pain is also aggravated by activities of daily living such as getting dressed and performing personal hygiene. He has difficulty finding a comfortable position to sleep due to the lower back pain and also suffers from depression. Objective findings include tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles, Kemp's causes pain, straight leg raise causes pain. Valsalva's causes pain, Yeoman's causes pain. Treatment has consisted of biofeedback, lumbar spine brace, cane use, LINT unit. The utilization review determination was rendered on 09/08/2014 recommending non-certification of Cyclobenzaprine 2 Percent, Tramadol 10 Percent, Flurbiprofen 20 Percent 210gm Tid and Flurbiprofen 20 Percent Tramadol 15 Percent 210gm Tid For Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 Percent Tramadol 10 Percent Flurbiprofen 20 Percent 210gm Tid For Pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. California MTUS states, "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." California MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per California MTUS. As such, the request for Cyclobenzaprine 2 Percent Tramadol 10 Percent Flurbiprofen 20 Percent 210gm Tid for pain is not medically necessary.

Flurbiprofen 20 Percent Tramadol 15 Percent 210gm Tid For Pain.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) recommended usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. California MTUS states, "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." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. As such, the request for Flurbiprofen 20 Percent Tramadol 15 Percent 210gm Tid for Pain is not medically necessary at this time.