

Case Number:	CM14-0169384		
Date Assigned:	10/17/2014	Date of Injury:	02/16/2014
Decision Date:	11/19/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal 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:

The injured worker (IW) is a 30-year-old man who sustained an injury on February 16, 2014 after lifting a resident who weighed approximately 200 pounds onto the bed. Prior treatments include physical therapy. The body site and frequency of application are not provided. In this case, there is no diagnosis of neuropathic pain or anti-depressants and anti-convulsant have been tried and failed. According to the Primary Treating Physician's Report (PR-2) dated September 18, 2014, the IW rated the pain in the cervical spine at 5/10 and 7/10 without medications. The pain in the thoracic spine was rated 8/10 and 9/10 without medications. The pain was intermittent. There was decreased weakness in grip. On examination, there was tenderness to palpation over the thoracic spine. Examination of the right shoulder revealed that the range of motion was abduction at 140 degrees and extension at 30 degrees. There was tenderness to palpation noted. Examination of the cervical spine revealed that the ROM at flexion was 50 degrees. X-ray of the thoracic spine dated April 24, 2014 revealed a normal examination of the thoracic spine. The IW was diagnosed with cervical strain, lumbar strain, and right shoulder strain. Treatment plan included pain management, acupuncture therapy 2 times a week for 4 weeks, and prescription for Aleve patch, and Flurbiprofen, Cyclobenzaprine and Lidocaine (FCL) 20%/4%/5% (Lipoderm). The IW would return to clinic for follow-up evaluation in 4 weeks and remain off work from September 18, 2014 to October 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Cyclobenzaprine 4% Lidocaine 5%,: 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), Topical Analgesics

Decision rationale: Pursuant the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical compound analgesic (Flurbiprofen 20%), is not medically necessary. The guidelines state topical that analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. They are primarily used for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They lack systemic side effects and there are no drug interactions. There is little to no research to support the use of many of these agents. Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal. There is no indication for use of any muscle relaxant as a topical product other than baclofen in a phase 3 study for the treatment of chemotherapy induced peripheral neuropathy. There is little evidence to utilize topical nonsteroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, topical cyclobenzaprine is a muscle relaxant. As noted above, there is no indication for any muscle relaxant is a topical product. Any compound product that contains at least one drug (cyclobenzaprine) that is not recommended is not recommended. Consequently, topical Flurbiprofen is not medically necessary. Based on the clinical information in the medical record and the peer review evidence-based guidelines, Flurbiprofen is not medically necessary.

Aleveer Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 11-113.

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); Topical Analgesics

Decision rationale: Pursuant the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical compound analgesic Aleve is not medically necessary. The guidelines state topical that analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. They are primarily used for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They lack systemic side effects and there are no drug interactions. There is little to no research to support the use of many of these agents. Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal. In this case, Aleve is largely experimental with few trials regarding its efficacy and safety. In

this case, there is no medical documentation that this patient cannot use oral medications. Additionally, there is no documentation that antidepressants and or anticonvulsants have been tried and failed. Any compound product that contains at least one drug (menthol) that is not recommended is not recommended. Consequently, Aleve is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Aleve is not medically necessary.