

Case Number:	CM14-0174174		
Date Assigned:	10/24/2014	Date of Injury:	04/13/2011
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 & Rehabilitation 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 50 year-old patient sustained an injury on 4/13/11 from wrapping and building a pallet while employed by [REDACTED]. Request(s) under consideration include 1 compound analgesic 4 grams (Cyclobenzaprine 10%, Lidocaine 2%) and 1 compound analgesic 4 grams (Flurbiprofen 20%, Lidocaine 5%). Diagnoses include Lumbago. MRI of the lumbar spine dated 9/1/11 showed degenerative disc changes. Conservative care has included medications, physical therapy, lumbar epidural steroid injections at L5-S1, TENS, chiropractic manipulation, and modified activities/rest. Report of 9/23/14 from the provider noted the patient had ESI with pain improvement for just one day then back to baseline; had [REDACTED] eval on 3/27/14. Symptoms continue with constant low back, mid back and right leg pain. Exam showed negative Spurling; DTRs 2+ symmetrical, local palpable tenderness at T11-12; bilateral knee crepitus with grinding test; SLR at 50 degrees without radiation down calves. Diagnoses were chronic pain d/o; chronic T&L pain; multiple DJD, myofascial pain d/o; cigarette smoking; and history of ETOH problem, non-industrial. Treatment included topical compounds, TENS, and lumbar brace. The request(s) for 1 compound analgesic 4 grams (Cyclobenzaprine 10%, Lidocaine 2%) and 1 compound analgesic 4 grams (Flurbiprofen 20%, Lidocaine 5%) was non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound analgesic 4 grams (Cyclobenzaprine 10%, Lidocaine 2%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and opioid over oral formulation for this chronic injury of 2011 without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant, Cyclobenzaprine, and lidocaine for this chronic injury without improved functional outcomes attributable to their use. The 1 compound analgesic 4 grams (Cyclobenzaprine 10%, Lidocaine 2%) is not medically necessary and appropriate.

1 compound analgesic 4 grams (Flurbiprofen 20%, 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 rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical NSAID analgesic for this chronic injury of 2011 without documented functional improvement from treatment already rendered. The 1 compound analgesic 4 grams (Flurbiprofen 20%, Lidocaine 5%) is not medically necessary and appropriate.