

Case Number:	CM14-0180214		
Date Assigned:	11/04/2014	Date of Injury:	10/13/2011
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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 Tennessee. 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 female with a 10/13/11 date of injury. The mechanism of injury occurred when she accidentally slipped and injured her cervico-thoracic spine, left shoulder, lumbar spine, and right ankle. According to a progress report dated 9/10/14, the patient complained of burning, radicular neck pain and muscle spasms, rated as an 8/10. She also complained of left shoulder pain rated as a 7/10, mid back pain and muscle spasms rated as an 8/10, and radicular low back pain and spasms rated as an 8/10. She is status post ORIF surgery with residual pain. She stated that her symptoms persist, but medications do offer her temporary relief of pain. Objective findings: tenderness to palpation of cervical spine with restricted range of motion, tenderness to palpation of left shoulder with restricted range of motion and crepitus, tenderness with spasms and restricted range of motion of thoracic spine, tenderness of lumbar paraspinal muscles with restricted range of motion, tenderness to palpation over right ankle, decreased sensation of bilateral lower extremities, decreased muscle strength at bilateral lower extremities. Diagnostic impression: cervical spine degenerative disc disease, cervical spine radiculopathy, cervical spine, HNP, thoracic spine sprain/strain, left shoulder AC joint arthrosis, low back pain, lumbar spine HNP, lumbar spine degenerative disc disease, lumbar spine radiculopathy, status post right ankle ORIF, right ankle internal derangement, abdominal pain and discomfort. The treatment to date includes medication management, and activity modification, surgery. A UR decision dated 10/3/14 denied the requests for Cyclobenzaprine 2%/Flurbiprofen 25%, 180 grams and Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 19%/Menthol 2%/Camphor 2%, 180 grams. The patient seems to be getting significant analgesia and functional benefit from her current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/Flurbiprofen 25%, 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of Cyclobenzaprine or the NSAID, Flurbiprofen, in a topical cream/lotion formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Cyclobenzaprine 2%/Flurbiprofen 25%, 180 grams was not medically necessary.

Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 19%/Menthol 2%/Camphor 2%, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of the NSAID, flurbiprofen, or Gabapentin in a topical cream/lotion formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 19%/Menthol 2%/Camphor 2%, 180 grams was not medically necessary.