

Case Number:	CM14-0183366		
Date Assigned:	11/10/2014	Date of Injury:	01/29/2013
Decision Date:	12/26/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 and 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 54 year-old patient sustained an injury on 1/29/13 while employed by [REDACTED]. The request under consideration includes Compound cream - 180gm - Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm and Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm. The diagnoses include low back pain; lumbar spine disc displacement/herniated nucleus pulposus and radiculopathy; and hypertension. Report dated 5/20/14 from the provider noted the patient with chronic ongoing low back pain and spasm rated at 6/10 associated with numbness and tingling of the lower extremities; symptoms persist but medications off some temporary relief for restful sleep. Exam of lumbar spine showed patient able to heel-toe walk with pain; able to squat to 40% of normal; flexion / extension / bending / rotation of 45/15/15 guarded motion with positive straight leg raise (SLR) bilaterally; diffuse diminished sensation at L4, L5, and S1 dermatomes bilaterally; deep tendon reflex 2+; and decreased (unspecified grade or muscle groups) motor strength in bilateral lower extremities diffusely. Treatment for medication refills that lists Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, and topical compounds. The patient remained temporary total disability (TTD) status. There is multiple prescription refills dated signed by the provider for dates 8/29/14 and 9/26/14. The request for Compound cream - 180gm - Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm and Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm were non-certified on 10/15/14 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:

Compound cream - 180gm - Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm: 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 Medical Treatment 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 and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of January 2013 without documented functional improvement from treatment already rendered. The Compound cream - 180gm - Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm is not medically necessary and appropriate.

Cyclobenzaprine 2%, Flubiprofen 25%, 180gm: 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 Medical Treatment 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 and multiple joint pains 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 NSAID over oral formulation for this chronic injury of 2013 without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and opioid for this chronic injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm is not medically necessary and appropriate.