

Case Number:	CM14-0028296		
Date Assigned:	06/13/2014	Date of Injury:	12/05/2012
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 28-year-old who was injured on December 5, 2012. The patient continued to experience pain in his right forearm, hand, and biceps after an injury with a skill saw. Physical examination was notable for decreased range of motion to the thumb and little fingers of the right hand, decreased grip strength to the right hand, and decreased sensation to the right upper extremity. Diagnoses included bicipital sprain/strain, right forearm, sprain/strain, right forearm laceration, and right hand sprain/strain. Treatment included physical therapy, acupuncture, and medications. Requests for authorization for cyclobenzaprine 2%, flurbiprofen 25% 240 gm and diclofenac 25% tramadol 15% 240 gm were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBEZAPRINE 2%, FLURBIPROFEN 25% 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 111-112.

Decision rationale: This medication is a compounded topical analgesic containing the drugs diclofenac and tramadol. Topical analgesics are recommended for neuropathic pain when

anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Diclofenac is the topical non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case the patient is not suffering from osteoarthritis. Diclofenac is not recommended. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical preparation. This compounded medication contains drugs that are not recommended. The request for Cyclobenzaprine 2%/Flurbiprofen 25% 240gm is not medically necessary or appropriate.

DICLOFENAC 25%, TRAMADOL 15% 240GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 111-112.

Decision rationale: This medication is a compounded topical analgesic containing the drugs cyclobenzaprine and flurbiprofen. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant. There is no evidenced to support the use of cyclobenzaprine as a muscle relaxant and it is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Adverse effects for GI toxicity and renal function have been reported. It has not been evaluated for treatment of the spine, hip, or shoulder. Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. This compounded medication contains drugs that are not recommended. The request for Diclofenac 25%/Tramadol 15% 240gm is not medically necessary or appropriate.