

Case Number:	CM14-0032514		
Date Assigned:	04/09/2014	Date of Injury:	05/10/2010
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Interventional Spine 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 patient is a 50-year-old male with a date of injury of 05/10/2010. The listed diagnoses per [REDACTED] are cervical spine musculoligamentous injury, lumbar spine musculoligamentous injury, right hand 3rd finger, status post surgery and right shoulder, status post surgery. According to report dated 12/11/2013 by [REDACTED], the patient presents with cervical spine, lumbar spine, right shoulder, and right hand complaints. Examination of the cervical spine revealed tenderness noted upon palpation and limited range of motion. Examination of the lumbar spine revealed tenderness on palpation as well as limited range of motion. Right shoulder examination revealed tenderness upon palpation, limited range of motion with flexion at 140 degrees, abduction at 120 degrees, internal rotation at 60 degrees, external rotation at 65 degrees, extension at 35 degrees, and adduction at 35 degrees. Examination of the right hand revealed tenderness on palpation and limited range of motion. The treatment plan is for patient to continue medication. Patient's current medication regimen includes Norco 10 mg, Ambien 10 mg, Flexeril 5 mg, Flurbi cream, and Gaba/Cyclo/Tram cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBI NAP CREAM LA 180 GM: Upheld

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

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

Decision rationale: This patient presents with continued cervical spine, lumbar spine, right shoulder, and right hand pain. The provider is requesting Flurbi cream 180 gm. Flurbi cream includes the ingredients Flurbiprofen, Lidocaine, and Amitriptyline. For Flurbiprofen, California MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The California MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." California MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Recommendation is for denial.

GABACYCLOTRAM CREAM 180MG: Upheld

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

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

Decision rationale: This patient presents with cervical spine, lumbar spine, right shoulder, and right hand pain. The provider is requesting Gaba/Cyclo/Tram cream 180 gm. Gaba/Cyclo/Tram cream includes Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol. The California MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." California MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Furthermore, Gabapentin is not recommended as a topical formulation. Recommendation is for denial.