

Case Number:	CM14-0039370		
Date Assigned:	06/27/2014	Date of Injury:	11/06/2001
Decision Date:	12/30/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/03/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 55-year-old female with an 11/6/01 date of injury. According to a progress report dated 3/5/14, the patient complained of constant, severe pain that was aggravated by turning and twisting. She complained of migraine headaches associated with neck pain, and reported numbness extending into her left shoulder. Objective findings: spasm and tenderness to the bilateral cervical paraspinal muscles, bilateral suboccipital muscles, and left upper shoulder muscles. Diagnostic impression: cervical disc herniation with myelopathy, cervicobrachial syndrome. Treatment to date: medication management, activity modification, and physical therapy. A UR decision dated 3/28/14 denied the requests for Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180gm with 2 refills and Lidocaine 6%, Gabapentin 10%, Tramadol 10%, 180gm, with 2 refills. These compounds contain multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180gm with 2 refills:
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): 25, 28, 111-113..

Decision rationale: 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, in the present case, guidelines do not support the use of flurbiprofen, cyclobenzaprine, baclofen, or lidocaine in a topical cream/lotion/ointment formulation. In addition, there is no documentation that this patient is unable to tolerate oral medications. 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 Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 180gm with 2 refills is not medically necessary.

Lidocaine 6%, Gabapentin 10%, Tramadol 10%, 180gm, with 2 refills: 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): 25, 28, 111-113..

Decision rationale: 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, in the present case, guidelines do not support the use of lidocaine, gabapentin, or tramadol in a topical cream/lotion/ointment formulation. In addition, there is no documentation that this patient is unable to tolerate oral medications. 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 Lidocaine 6%, Gabapentin 10%, Tramadol 10%, 180gm, with 2 refills is not medically necessary.