

Case Number:	CM14-0039581		
Date Assigned:	06/27/2014	Date of Injury:	06/14/2005
Decision Date:	07/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old male with a 6/14/05 date of injury, and status post posterior lumbar interbody fusion, laminectomy, and discectomy 1/6/09, and status post removal of hardware, exploration of fusion and possible repeat fusion 1/26/11. At the time (3/4/14) of request for authorization for Cyclobenzaprine cream 30 mg, Flurbiprofen cream 30 mg, and Tramadol cream 30 mg, there is documentation of subjective findings of constant low back pain and constant moderate to severe left sciatica pain with pain and numbness radiating to the toes, pain increased with activities. The objective findings include altered gait, tenderness to palpation over the sacroiliac joints, and positive pelvic compression test. The current diagnoses are post laminectomy syndrome, lumbar disc disease, lumbar radiculitis, and sacroilitis. The treatment to date includes medications of Trazodone, Gabapentin, Norco, Anaprox, Prilosec, Nortriptyline, and Percocet, trigger point injections, physical therapy, activity modification, and epidural steroid injections. Regarding the requested Flurbiprofen cream 30 mg, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment ankle, elbow, foot, hand, knee, and wrist, an intention to treat over a short course (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs. Regarding the requested Tramadol cream 30 mg, there is no documentation that trials of antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine cream 30mg: 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: California MTUS Chronic Pain Medical Treatment Guidelines identifies that Baclofen and other muscle relaxants drugs are not recommended for topical applications. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine cream 30 mg is not medically necessary.

Flurbiprofen cream 30mg: 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): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome, lumbar disc disease, lumbar radiculitis, and sacroilitis. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and an intention to treat over a short course (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen cream 30 mg is not medically necessary.

Tramadol cream 30mg: 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.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome, lumbar disc disease, lumbar

radiculitis, and sacroilitis. In addition, there is documentation of neuropathic pain. However, given concurrent use of antidepressants and anticonvulsants, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Tramadol cream 30 mg is not medically necessary.