

Case Number:	CM14-0047187		
Date Assigned:	07/02/2014	Date of Injury:	04/23/2013
Decision Date:	08/26/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/15/2014

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 Occupational Medicine 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 51-year-old female who has submitted a claim for cervical spine herniated nucleus pulposus, cervical radiculopathy, cervical spine degenerative disc disease, cervical spondylosis, postural changes of the cervical and lumbar spine, lumbar spine herniated nucleus pulposus, and lumbar radiculopathy; associated with an industrial injury date of 04/23/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of persistent neck and low back pain. Physical examination showed that patient had an antalgic gait, with increased tone and tenderness of neck and back muscles. Range of motion of the cervical and lumbar spines was limited. Treatment to date has included medications, acupuncture, and physical therapy. Utilization review, dated 03/17/2014, denied the requests for topical analgesic compounds because they are considered highly experimental without proven efficacy, there was no documented failure of first-line therapy or intolerance to oral formulations, and because guidelines do not recommend use of compound medications with non-recommended ingredients.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25% 240gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111 to 113 of the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAID formulation is only supported for diclofenac in the California MTUS. Also, there is no evidence to support the use of topical cyclobenzaprine, and the addition of cyclobenzaprine to other agents is not recommended. In this case, medical records reviewed did not show failure of oral formulations. Moreover, Flurbiprofen and Cyclobenzaprine are not recommended for topical use. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 25% 240gm is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: As stated on pages 111 to 113 of the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAID formulation is only supported for diclofenac in the California MTUS. Regarding the tramadol component, guidelines do not support the use of tramadol in a topical formulation. Regarding the menthol and capsaicin components, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burns. In addition, guidelines state that there is no evidence to support the use of topical camphor. In this case, medical records reviewed did not show failure of oral formulations. Moreover, topical use of Flurbiprofen and tramadol is not recommended. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240gm. is not medically necessary.