

Case Number:	CM14-0048561		
Date Assigned:	06/25/2014	Date of Injury:	01/24/2006
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 records indicate the injured worker is a 67-year-old female who injured her lower back on 1/24/07 and 2/14/07. Physician progress note dated 3/6/14 states the injured worker fell two weeks prior to visit and experienced a flare up of lower back pain. Radiation was noted to left lower extremity down to left knee. The injured worker continues to utilize a transcutaneous electrical nerve stimulation (TENS) unit and Lidoderm Patches. Progress note dated 3/11/14, states the injured worker presents with increased lower back pain and bilateral leg pain. Naproxen was prescribed on her last physician visit but caused the injured worker to have an upset stomach. The injured worker continued to have severe back pain. The progress note states samples of flubiprofen ointment were given to the injured worker by the treating physician and was very effective in relieving the back pain until she ran out. On this date, 3/11/14, the injured worker was switched from naproxen to Celebrex as well. Objective findings showed tenderness with spasms and guarding with direct palpation of the lumbar spine and straight leg raise bilaterally was positive. The most recent physical therapy progress note, dated 3/26/14, notes the injured worker had complaints of back pain, 2-3/10 on the visual analog scale with decreasing left lower extremity nerve pain. Patient problems on this note show increased pain, increased neuralgia, limited flexibility, and impaired strength. The previous utilization review decision dated 3/21/14 non certified request for Flubiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in Lidoderm Active Max: apply 1.6grams to painful area up to five times per day +5 refills (prescribed 3-11-2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in Lidoderm Active Max: apply 1.6grams to painful area up to 5 times per day +5 refills (prescribed 3-11-2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page Topical Analgesics, p111 Page(s): 111.

Decision rationale: According to the California MTUS Guidelines, Topical Analgesics, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS Guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. According to the guidelines, Gabapentin is not recommended for topical application. There is no peer-reviewed literature to support use. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.