

Case Number:	CM14-0049802		
Date Assigned:	07/07/2014	Date of Injury:	11/21/2009
Decision Date:	08/25/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/17/2014

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 47-year-old female with an 11/21/09 date of injury. At the time (2/25/14) of request for authorization for 90 Cyclobenzaprine 7.5 mg, 240 gram tube of Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% Compounded Cream, and 240 gram tube of Diclofenac 20% Tramadol 15% compounded cream, there is documentation of subjective (chronic moderate to severe left foot pain with constant numbness, tingling and burning sensation over the plantar aspect, especially the first and second interspace; and weakness from the lumbar area radiating distally on the right side) and objective (4 out of 5 strength of the tibialis anterior, tibialis posterior, peroneus longus, peroneus brevis, gastrocnemius and soleus muscles bilaterally; hypersensitivity over the L4-S2 dermatomes, increased pain with palpation of the left second and third interspace, and decreased left ankle range of motion) findings, current diagnoses (status post open reduction and internal fixation of the right ankle, neuritis of the left first, second and third interspace; left metatarsalgia, left plantar fasciitis, bilateral sinus tarsi syndrome, bilateral peroneal tendonitis, bilateral edema, bilateral bursitis, and bilateral myalgia), and treatment to date (ongoing therapy with Norco, Buspar, and Wellbutrin). Regarding 90 Cyclobenzaprine 7.5 mg, there is no documentation of acute exacerbation of chronic pain and the intention for short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Cyclobenzaprine 7.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of status post open reduction and internal fixation of the right ankle, neuritis of the left first, second and third interspace; left metatarsalgia, left plantar fasciitis, bilateral sinus tarsi syndrome, bilateral peroneal tendonitis, bilateral edema, bilateral bursitis, and bilateral myalgia. In addition, there is documentation of chronic pain. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of a request for 90 Cyclobenzaprine 7.5 mg, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for 90 Cyclobenzaprine 7.5 mg is not medically necessary.

240 gram tube of Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% Compounded Cream: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 240 gram tube of Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Menthol 2% Camphor 2% Compounded Cream is not medically necessary.

240 gram tube of Diclofenac 20% Tramadol 15% compounded cream: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 240 gram tube of Diclofenac 20% Tramadol 15% compounded cream is not medically necessary.