

Case Number:	CM14-0055254		
Date Assigned:	07/18/2014	Date of Injury:	10/29/2011
Decision Date:	10/14/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/24/2014

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, Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 56-year-old male who reported an injury on 10/29/2011. The injured worker's medication history included naproxen sodium 550 mg, cyclobenzaprine 7.5 mg, ondansetron ODT 8 mg, omeprazole 1 capsule every 12 hours, quazepam 15 mg, Medrox patches, and tramadol hydrochloride ER 150 mg. The documentation indicated the injured worker had utilized the requested medication since at least 07/23/2013. The mechanism of injury was cumulative trauma. The diagnoses included gastroesophageal reflux, pansinusitis status post immunoglobulin, mitral valve prolapse, prostate cancer, cervical and lumbar spine discopathy, carpal tunnel syndrome, double crush syndrome, bilateral knees internal derangement, and bilateral plantar fasciitis. The injured worker underwent multiple surgical interventions. There were no subjective complaints noted nor objective findings. The other medications were not provided. The treatment plan was not provided. There was a lack of physician documentation to support the request. The most recent documentation was dated 08/27/2013. The injured worker had residual symptomology in the cervical spine with chronic headaches and tension between the shoulder blades, as well as migraines. The injured worker's bilateral upper extremities, lumbar spine, bilateral knees, and bilateral ankles symptomology had not changed significantly. The physical examination revealed there was tenderness at the cervical paravertebral muscle with limited range of motion. The axial compression test and Spurling's maneuver were positive. The examination of the bilateral upper extremities revealed reproducible symptomology with numbness in the hands with a positive palmar compression test and Phalen's maneuver. There was reproducible symptomology in the median nerve distribution. Double crush syndrome was noted. The examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments and the seated nerve root test was positive. The treatment plan included the injured

worker had plateaued and should take appropriate pharmacologic agents for symptomatic relief. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flur/Cyclo/Caps/Lid 10% 2% 0.01% 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics page 111, Topical Cyclobenzaprine Page(s): 72, 113.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration...California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of recent examination to support the necessity for the requested medication. The request as submitted failed to indicate the quantity, as well as the frequency and body part to be treated with the compounded medication. Given the above, the request for flur/cyclo/gab/lid 10%, 2%, 0.1%, and 1% is not medically necessary.