

Case Number:	CM14-0059678		
Date Assigned:	07/09/2014	Date of Injury:	02/17/2011
Decision Date:	09/09/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/30/2014

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 64-year-old male who has submitted a claim for lumbar spine sprain/strain, cervical spine sprain/strain, right knee sprain/strain, and right knee internal derangement, status post amputation of the left mid thigh, and status post fracture of the right leg, associated with an industrial injury date of 02/17/2011. Medical records from 2013 to 2014 were reviewed and showed that patient complained of neck pain graded 8/10, low back pain graded 3-4/10, and right knee pain graded 7-8/10. Pain is aggravated by prolonged sitting, cold weather and getting in and out of his scooter bothers his neck and shoulders. Physical examination showed tenderness and spasm over the cervical spine. Range of motion of the cervical spine was limited. Reflexes for the right knee, hamstring, and ankle were diminished. Weakness was noted over the L2-S1 myotomal distributions. Treatment to date has included medications, physical therapy, and surgery as stated above. Utilization review, dated 04/17/2014, denied the request for Flurbi (Nap) cream-LA because topical lidocaine is not recommended and use of topical amitriptyline is not supported in evidence-based guidelines, and denied the request for Gaba/Cyclo/Trama 10/6/10% because evidence-based guidelines do not recommend the topical use of gabapentin or cyclobenzaprine or the addition of cyclobenzaprine to other agents, and there is also no support for the topical use of tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription for Flurbi (Nap) Cream-LA, 180 gm: 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: Flurbi (Nap) cream-LA is a compounded topical medication containing flurbiprofen, lidocaine, and amitriptyline. As stated on pages 111 to 113 of the CA MTUS 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. Regarding the flurbiprofen component, topical NSAID formulation is only supported for diclofenac in the California MTUS. Regarding the lidocaine component, guidelines recommend its use for neuropathic pain after a trial of oral first-line agents such as antidepressants or anticonvulsants. Regarding the amitriptyline component, guidelines recommend its use with ketamine for treatment of chemotherapy-induced peripheral neuropathy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, flurbiprofen is not recommended for topical use. Furthermore, the medical records did not show that the patient has chemotherapy-induced peripheral neuropathy to warrant the use of topical amitriptyline. Lastly, the present request as submitted failed to specify the date of service to be evaluated. Therefore, the RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR FLURBI (NAP) CREAM-LA, 180 GM is not medically necessary.

Retrospective request for 1 prescription for Gaba/Cyclo/Trama 10/6/10%, 180 gm: 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: As stated on pages 111 to 113 of the CA MTUS 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. Regarding the gabapentin component, guidelines do not recommend its use, as there is no peer-reviewed literature to support its use. Regarding the cyclobenzaprine component, there is no evidence to support the use of topical cyclobenzaprine, and the addition of cyclobenzaprine to other agents is not recommended. Regarding the tramadol component, guidelines do not support the use of tramadol in a topical formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, all the components of the compound medication requested are not recommended for topical use. Lastly, the present request as submitted failed to specify the date of service to be evaluated. Therefore, the

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR GABA/CYCLO/TRAMA
10/6/10%, 180 GM is not medically necessary.