

Case Number:	CM14-0067980		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2011
Decision Date:	11/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Internal 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 38 year old male who was injured on August 7th 2011. The mechanism of injury is unknown. His medication history included hydrocodone, paxil and omeprazole. He has been treated conservatively with physical therapy (amount of sessions are unknown). Progress report dated 3/25/2014 indicates the patient presented with complaints of moderate severe neck pain with radiation, numbness, and tingling going down his arms. He states that his pain is well-controlled with medication. Objective findings during cervical examination revealed hypolordosis and normal head carriage. He has tenderness to palpation with spasms of the upper trapezius muscles and negative compression, Spurling's, and distraction. Sensation is intact of the bilateral upper extremities. The patient was diagnosed with cervical spine sprain and strain, cervical spine disc protrusions, cervical spine spondylosis, cervical spine vacuum disc phenomenon, upper extremity neuropathy, spasms and headaches. The patient was recommended Cyclobenzaprine 2%. Flurbiprofen 20%, 240gm and Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, and 240gm. Prior utilization review dated April 25th, 2014 the request for Cyclobenzaprine 2%. Flurbiprofen 20%, 240gm and the request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2%, and 240gm is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%. Flurbiprofen 20%, 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate Page(s): 111-113, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain, Topical analgesics

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

Decision rationale: The guidelines state that topical analgesics are largely experimental and are primarily used for neuropathic pain after a trial of first line medications. The guidelines state that any compounded product that contains at least one drug or drug class which is not recommended renders the entire medication to be not recommended. Cyclobenzaprine is a muscle relaxant which is not recommended for topical use. There has not been sufficient clinical data to prove a benefit with topical muscle relaxants. Additionally, the request did not indicate a frequency of administration. Based on the guidelines and criteria as well as the clinical documentation stated above, the request 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/ Salicylate Page(s): 111-113, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain, Topical analgesics

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

Decision rationale: The guidelines state that topical analgesics are largely experimental and are primarily used for neuropathic pain after a trial of first line medications. The guidelines state that any compounded product that contains at least one drug or drug class which is not recommended renders the entire medication to be not recommended. Menthol is a topical skin product which is not recommended for topical use for pain. There has not been sufficient clinical data to prove a benefit for pain with topical menthol. Additionally, the request did not indicate a frequency of administration. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.