

Case Number:	CM14-0080095		
Date Assigned:	07/18/2014	Date of Injury:	06/03/2011
Decision Date:	08/25/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/30/2014

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 59-year-old male, who has submitted a claim for cervical disc displacement without myelopathy and lumbar intervertebral disc syndrome associated with an industrial injury date of June 3, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain in his neck, low back and upper extremities. Physical examination of the cervical spine showed tenderness in the paracervical trapezium musculature with no spasm noted. Spurling's maneuver was positive to the left. Diminished left upper extremity sensation was noted at the level of C6. Tendon reflexes at the elbows are hyper reflexive. There was noted positive impingement and Neer's test. Examination of the left shoulder showed tenderness over the anterior and lateral deltoid. Magnetic resonance imaging (MRI) of the cervical spine done on August 22, 2012 showed early disc desiccation at the levels of C2-C3 and C5-C6 levels; annular tear was noted at C4-C5, C5-C6 and C6-C7 level. MRI of the brain done on August 22, 2012 showed diffuse age appropriate volume loss. MRI of the lumbar spine done on August 22, 2012 showed central disc protrusion at the level of L1-L2. Electromyogram (EMG) and nerve conduction velocity studies done on September 11, 2012 showed mild acute C6 radiculopathy on the left. Treatment to date has included medications, pool therapy and shockwave therapy. Utilization review from May 9, 2014 denied the request for 1 container of Cyclobenzaprine 2% and Flurbiprofen 20% 240 grams and 1 container of Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Menthol and Camphor 2% 240 grams because the clinical information submitted for review fails to meet the evidence based guidelines for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Cyclobenzaprine 2% and Flurbiprofen 20% 240 Grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of California Medical Treatment Utilization Schedule (MTUS) topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical cyclobenzaprine and Flurbiprofen, which are not currently supported by MTUS guidelines. Therefore, the request for 1 Container of Cyclobenzaprine 2% and Flurbiprofen 20% 240 Grams is not medically necessary.

1 Container of Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Methol2% and Camphor 2% 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

Decision rationale: As stated on pages 111-113 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, 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. Many agents are compounded as monotherapy or in combination for pain control (including Non-steroidal anti-inflammatory drug NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With regards to Capsaicin, it is recommended as an option in patients who have not responded or are intolerant to other treatments. Local adverse reactions were noted like burning, stinging and erythema. With regards to Flurbiprofen, CA MTUS and ODG do not support its use. With regards to Tramadol, there is no research to support its use as a topical agent. Regarding Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in

2012 indicating that topical OTC pain relievers that contain may in rare instances cause serious burn. The guidelines do not address camphor. The requested compounded product contains Flurbiprofen and tramadol that are not recommended for topical use. Therefore, the request for 1 Container of Capsaicin 0.025% Flurbiprofen 15% Tramadol 15% Methol2% and Camphor 2% 240 grams is not medically necessary.