

Case Number:	CM14-0082419		
Date Assigned:	07/21/2014	Date of Injury:	03/14/2013
Decision Date:	09/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 34 year old male with an injury date on 03/14/2013. Based on the 05/09/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar Radiculopathy 2. Lumbar myofascial pain. According to this report, the patient complains of more pain, pain never goes away at the entire spine, from cervical spine to lumbar spine to leg. The pain radiates from the low back to the right leg. The patient is able to walk, but with crutches. Tenderness was noted at the entire right lumbar spine. Muscle tightness was noted at the left lumbar spine and right side of stomach/abdomen. There were no other significant findings noted on this report. The utilization review denied the request on 05/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/10/2013 to 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available); Muscle relaxants (for pain)
MTUS Page(s): 64;63.

Decision rationale: According to the 05/09/2014 report by [REDACTED], this patient presents with more pain at the right lower back pain that radiates to the right leg. The treater is requesting to start Orphenadrine Citrate 100 mg. Regarding muscle relaxants, MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater does not indicate that this medication is to be used on a short-term basis. There are no frequency and duration with the prescription. The request is not medically necessary.

Flurbiprofen 20% 30 gram cream: Upheld

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

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

Decision rationale: According to the 05/09/2014 report by [REDACTED], this patient presents with more pain at the right lower back pain that radiates to the right leg. The treater is requesting Flurbiprofen 20% 30 gram cream. Regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. The request is not medically necessary.

Gabapentin powder 10% 30 gram cream: Upheld

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

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

Decision rationale: According to the 05/09/2014 report by [REDACTED], this patient presents with more pain at the right lower back pain that radiates to the right leg. The treater is requesting Gabapentin powder 10% 30 gram cream. Gabapentin is not recommended topically as there is no peer reviews literature to support its use. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS also does not support gabapentin as a topical product. The request is not medically necessary.

Cyclobenzaprine 10% 30 gram cream: Upheld

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

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

Decision rationale: According to the 05/09/2014 report by [REDACTED], this patient presents with more pain at the right lower back pain that radiates to the right leg. The treater is requesting Cyclobenzaprine 10% 30 gram cream. Regarding Cyclobenzaprine topicals, MTUS states Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The request is not medically necessary.

Tramadol 20% 30 gram cream: Upheld

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

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

Decision rationale: According to the 05/09/2014 report by [REDACTED], this patient presents with more pain at the right lower back pain that radiates to the right leg. The treater is requesting Tramadol 20% 30 gram cream. Regarding topical creams in general, MTUS states "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 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) (Argoff, 2006) There is little to no research to support the use of many of these agents." MTUS then discusses various topicals with their indications. However, there is no discussion specific to Tramadol. ODG guidelines do not discuss Tramadol topical either. Given the lack of the guidelines discussion and lack of evidence, the request is not medically necessary.