

Case Number:	CM13-0009525		
Date Assigned:	11/25/2013	Date of Injury:	12/17/2010
Decision Date:	01/29/2015	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/09/2013

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, 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:

This 37 year old male sustained a work related injury on 12/17/2010. The mechanism of injury was not made known. As of the most recent progress submitted for review and dated 07/29/2013, the injured worker complained of low back pain that radiated to the bilateral lower extremities. Pain was unchanged with an average pain level of 5 with medications on a scale of 0-10 and 8 without medications. The injured worker reported limitations in activity, ambulation, hand function, sleep and sex. Acupuncture was noted as helpful in multiple areas including decreased medications, better sleep and increased mobility/function. Physical examination revealed the injured worker was alert, oriented, appropriate and in moderate distress. Range of motion of the lumbar spine revealed mild reduction secondary to pain. Range of motion of the lumbar spine was limited secondary to pain with flexion 60 degrees and extension 20 degrees. Pain was significantly increased with flexion and extension. Spinal vertebral tenderness was noted in the lumbar spine at the L4-S1 level. Sensory examination revealed no change. Blood pressure was 166/117 and pulse 68. Diagnoses included lumbar radiculopathy, lumbar facet arthropathy, myalgia/myositis and chronic pain other. Treatment recommendations included four additional acupuncture visits, continue on-going exercise program, re-evaluation in one month and appeal denied acupuncture. Medications prescribed included Zanaflex, Motrin and Norco. Work status was being evaluated and determined by the primary treating physician. On 07/31/2013, Utilization Review non-certified retrospective request for Flurbiprofen/Cyclobenzaprine/Capsaicin/Lidocaine 10% and retrospective request for Ketoprofen/Lidocaine/Capsaicin/Tramadol that was requested on 07/24/2013. According to the Utilization Review physician, MTUS guidelines do not support compound and/or topical medications due to lack of long term large volume studies with regards to overall efficacy and/or safety. In addition, both of these compounds contain Lidocaine, a local anesthetic, which would

not be expected to reach the claimant's pain generators. According to MTUS guidelines, when one component of a product is not medically necessary, the entire compound product is not medically necessary. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen /Cyclobenzaprine/Capsaicin/Lidocaine 10%, date of service 07/24/2013: 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): 111-112.

Decision rationale: The retrospective request for Flurbiprofen /Cyclobenzaprine/Capsaicin/Lidocaine 10%, date of service 07/24/2013 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is, therefore, not recommended. In regard to Lidocaine, there are no commercially approved topical formulations of Lidocaine (to include creams, lotions or gels) that are indicated for neuropathic pain. In regard to tramadol, the guidelines indicate that there should be documentation of objective improvement in function, objective decrease in pain, evidence the patient is being monitored for aberrant drug behaviors and side effects for opioid use for chronic pain. The injured worker was indicated to have been on the compound cream for an unspecified duration of time. However, there is lack of documentation to indicate the injured worker had failed a trial of antidepressants or anticonvulsants. Furthermore, the compound contains at least 1 drug or drug class that is not recommended. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Retrospective request for Ketoprofen//Lidocaine/Capsaicin/Tramadol, date of service 07/24/2013: 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): 111-112.

Decision rationale: The retrospective request for Ketoprofen//Lidocaine/Capsaicin/Tramadol, date of service 07/24/2013 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain

when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is, therefore, not recommended. In regard to Lidocaine, there are no commercially approved topical formulations of Lidocaine (to include creams, lotions or gels) that are indicated for neuropathic pain. In regard to Cyclobenzaprine, there is no evidence for use of any other muscle relaxant as a topical product. There is lack of documentation to indicate the injured worker had failed a trial of antidepressants or anticonvulsants. Furthermore, the compound contains at least 1 drug or drug class that is not recommended. Based on the above, request is not supported by the evidence based guidelines. As such, the request is not medically necessary.