

Case Number:	CM13-0021728		
Date Assigned:	03/12/2014	Date of Injury:	07/29/2011
Decision Date:	04/22/2015	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male injured worker suffered an industrial injury on 7/29/2011. The diagnoses were cervical strain/sprain, lumbar disc protrusion, lumbar spondylosis, lumbar spinal stenosis, and lumbar radiculopathy. The treatments were medications. The treating provider reported neck pain 2/10, frequent low back pain radiating to the lower extremities 7/10, frequent bilateral shoulder pain 5 to 6/10, and occasional bilateral wrist pain 3 to 5/10. The requested treatments were: 1. FLURBI (NAP) CREAM: LA 180GRMS: FLURBIPROFEN 20%, LIDOCAINE 5%, AMBITRIPTYLINE 4% 2. GABACYCLOTRAM 180GMS: GABAPENTIN 10%, CYCLOBENZPRINE 6%, TRAMADOL 10%

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBI (NAP) CREAM: LA 180GRMS: FLURBIPROFEN 20%, LIDOCAINE 5%, AMBITRIPTYLINE 4%: 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): 111-3.

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. In this case, the compounded flurbiprofen, lidocaine, and amitriptyline is not warranted since guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested entire formulation is not approved since the CPMTG states that all subcomponents of a compounded medicine must be approved in order for medical necessity, therefore is not medically necessary.

GABACYCLOTRAM 180GMS, GABAPENTIN 10%, CYCLOBENZPRINE 6%, TRAMADOL 10%: 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): 111-3.

Decision rationale: For all compounded medications, all ingredients must be recommended in order for the entire formulation of gabapentin, cyclobenzoprine, and tramadol to be recommended. Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested topical compound is not medically necessary.