

Case Number:	CM14-0188027		
Date Assigned:	11/18/2014	Date of Injury:	11/18/2005
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old male with an 11/18/05 date of injury. At the time (10/16/14) of request for authorization for retrospective Topical Cream (Flurbiprofen 20%, Lidocaine 5%) 4 grams (DOS 10/16/14) and retrospective Topical Cream (Cyclobenzaprine 10%, Lidocaine 2%) 4 grams (DOS 10/16/14), there is documentation of subjective (chronic neck, shoulder, and back pain; tingling/numbness in the arms/hands, and difficulty performing activities of daily living) and objective (decreased cervical range of motion and palpatory tenderness at the paraspinals and shoulder blades) findings. The current diagnoses are cervicalgia, radiculitis, chronic pain with medical and psych issue, left knee degenerative joint disease, and comorbid insomnia. The treatment to date includes Norco and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Topical Cream (Flurbiprofen 20%, Lidocaine 5%) 4 grams (DOS 10/16/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Product Page(s): 111-114.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, radiculitis, chronic pain with medical and psych issue, left knee degenerative joint disease and comorbid insomnia. However, the requested compounded medication consists of at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the retrospective request for Topical Cream (Flurbiprofen 20%, Lidocaine 5%) 4 grams (DOS 10/16/14) is not medically necessary.

Retrospective Topical Cream (Cyclobenzaprine 10%, Lidocaine 2%) 4 grams (DOS 10/16/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Products Page(s): 111-114.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, radiculitis, chronic pain with medical and psych issue, left knee degenerative joint disease and comorbid insomnia. However, the requested compounded medication consists of at least one drug (Lidocaine) and drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the retrospective request for Topical Cream (Cyclobenzaprine 10%, Lidocaine 2%) 4 grams (DOS 10/16/14) is not medically necessary.