

Case Number:	CM14-0191428		
Date Assigned:	11/25/2014	Date of Injury:	09/28/2012
Decision Date:	01/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old female who was injured on 10/1/2013. She was diagnosed with neck sprain, shoulder sprain, thoracic sprain, and lumbar sprain. She was treated with physical therapy, acupuncture, bracing, and medications. On 9/22/14, the worker was seen by her primary treating physician reporting tramadol use caused dizziness and that her pain has been reduced and activities of daily living increased (not quantified) related to her topical medications and acupuncture. Her pain was rated at 2/10 on the pain scale. She was then referred to orthopedic and pain management physicians and was instructed to continue her topical medications, have a functional capacity evaluation, and return to work with modified duties while wearing her brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Prescription of Flurbiprofen 20%, Cyclobenzaprine 4% and Lidocaine 5% #240 grams: 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: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. Muscle relaxants, in particular, are not recommended by the MTUS due to lack of quality evidence. The MTUS also states that any compounded/combination product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as Gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although there was a reported benefit from her combination/compounded topical analgesic medications, this was not sufficiently documented. A measurable and more specific evaluation is necessary in order to show how much pain reduction and function improve with their use in order to help justify its continuation. However, regardless of this missing from the documentation, due to both the Flurbiprofen/Cyclobenzaprine/Lidocaine and the Ketoprofen/Baclofen/Cyclobenzaprine/Gabapentin/Lidocaine including non-recommended ingredients, they are both not medically necessary to continue. The requests are considered not medically necessary.

One (1) Prescription of Ketoprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 10% and Lidocaine 2% #240 grams: 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: See #1 for more rationale. Also, the MTUS Chronic Pain Guidelines state that Gabapentin is not recommended for topical use and therefore, this combination topical product, which includes multiple non-recommended ingredients, is not medically necessary. The request is not medically necessary.