

Case Number:	CM14-0191770		
Date Assigned:	11/24/2014	Date of Injury:	06/26/2002
Decision Date:	01/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine, 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:

Injured worker (IW) sustained an industrial low back injury on 06/26/02. 06/09/14 office note documented constant pain in the lumbar spine. IW reported relief with use of a topical compounded medication. Previous trial of oral medications or contraindication to oral medications was not documented. On exam, lumbar range of motion was limited and there was pain and spasm of the bilateral paravertebral muscles. Lower extremity neurological exam was normal. Impression was herniated disc, lumbar spine. Flurbiprofen and cyclobenzaprine/tramadol compounded topical medication were continued. Cane was continued. IW was unable to return to work. 08/18/14 office note documented complaints of lumbar spine pain radiating down both legs. He was continued on over-the-counter medications. 10/20/14 office note documented increasing pain with cool weather and pain with excessive activities. He continued to use a cane. Pain level was 6/10. IW reported that medications improved his symptoms by about 85%; however, activities of daily living were noted to be 35% of normal. Topical medications were dispensed. IW remained unable to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Rx 10/20/14 for Cyclobenzaprine topical cream 30gm: 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: MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend topical muscle relaxants such as cyclobenzaprine, and therefore this medication is not recommended by MTUS. Medical necessity is not established for the requested cyclobenzaprine topical cream.

Med Rx 10/20/14 for Cyclobenzaprine topical cream 120mg: 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: MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend topical muscle relaxants such as cyclobenzaprine, and therefore this medication is not recommended by MTUS. Medical necessity is not established for the requested cyclobenzaprine topical cream.

Med Rx 10/20/14 for Flurbiprofen/menthol/camphor/capsaicin topical cream 30gm: 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: MTUS recommends use of topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." Previous trial of other first-line or second-line treatments including oral medications, injections, or physical therapy is not documented. Therefore, use of topical capsaicin is not recommended by MTUS in this case. MTUS does not recommend use of topical NSAIDs for the spine or for neuropathic pain. Therefore, use of topical flurbiprofen is not recommended by MTUS in this case. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Because the requested compounded topical medication contains ingredients not recommended by MTUS, it is not recommended by MTUS. Medical necessity is not established for the requested compounded topical cream.

Med Rx 10/20/14 for Flurbiprofen/menthol/camphor/capsaicin topical cream 120gm:
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: MTUS recommends use of topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." Previous trial of other first-line or second-line treatments including oral medications, injections, or physical therapy is not documented. Therefore, use of topical capsaicin is not recommended by MTUS in this case. MTUS does not recommend use of topical NSAIDs for the spine or for neuropathic pain. Therefore, use of topical flurbiprofen is not recommended by MTUS in this case. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Because the requested compounded topical medication contains ingredients not recommended by MTUS, it is not recommended by MTUS. Medical necessity is not established for the requested compounded topical cream.