

Case Number:	CM14-0193115		
Date Assigned:	11/26/2014	Date of Injury:	07/07/2000
Decision Date:	01/20/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/18/2014

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 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:

The date of injury is 7/7/2000. According to most recent pain management progress notes submitted for review dated 8/1/14, the injured worker is a 41 year old female who presented with complaints of leg pain and back pain. She reports that the back pain has not changed since surgery. She reports that it radiates into her hips and groin on both sides. She has pain over the incisions and complains of muscle spasms in the low back. Treating/Referral Provider Findings: No significant documentation provided as it relates to functional improvement and objective signs of improvement based on medication usage. Conservative Treatment to Date with Results: The injured worker reports leg pain is 100% relieved with the spinal cord stimulator. Her oral meds treat her back pain. She also uses a heating pad. Meds being taken at the time of the report include the following: RA Senna Plus, Metaxalone, Flector, Methocarbamol, Kristalose, Docusate Sodium, Proctofoam-HC Foam, Percocet, Voltaren, Nucynta and Valium. Also at the time of the report, the injured worker was in the midst of an opiate taper from Nucynta. She had weaned down to 2 per day. The Nucynta provides greater than 40% reduction in her pain that lasts 3-4 hours. The injured worker reported wanting to decrease the long acting medication. Bilateral neck and shoulder pain is being addressed with physical therapy. She tried Flexeril, Lorzone, Soma, Tizanidine and Methocarbamol in the past without relief. She had not been to physical therapy in several weeks due to the pain. She stated that her necks spasms had significantly increased since her last visit. She takes Propranolol and Frova at the onset of a headache. Her headaches and migraines appear to be cervicogenic. Surgical Treatment to Date: The injured worker underwent an L5-S1 Laminectomy. Her Spinal Cord Stimulator was placed on 8/25/05. Diagnoses: Chronic Pain Syndrome, External Hemorrhoids without complication, unspecified constipation, Myofascial Pain Syndrome, Lumbar or Thoracic Radiculopathy, Post Lumbar Laminectomy Disputed Service(s): Flurbiprofen 10%/Cyclobenzaprine 1%/Gabapentin

6%/Lidocaine 2%/Prilocaine 2% in LAM, with 2 refills (denied on 10/29/14, per prior reviewer note from a report dated 10/24/14, not included with this review, the injured worker was weaned off of opioids and Tramadol due to lack of efficacy.). This request was denied as according to Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/ Cyclobenzaprine1%/ Gabapentin 6%/ Lidocaine 2%/ Prilocaine 2% in LAM with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Muscle Relaxants. Decision based on Non-MTUS Citation Association for the Advancement of Wound Care (AAWC) 2010 page 14

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

Decision rationale: Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. According to the guidelines Cyclobenzaprine is a muscle relaxant not specifically listed in MTUS however falls under the "other muscle relaxants" category that states, there is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended per MTUS as there is no peer reviewed literature to support. According to Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not reasonable and there is no documentation that there has been failure of first line therapy. The request is not medically necessary.