

Case Number:	CM14-0195708		
Date Assigned:	12/03/2014	Date of Injury:	11/22/2012
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/21/2014

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 Practice, 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:

This 26 year old male was injured on 11/22/1014 while being employed. On physician progress report dated 10/23/2014 the injured worker complained of chronic neck pain that radiates to bilateral arms, thoracic and lumbar back pain. He was noted to have poor tolerance to prolonged sitting, standing, walking and carry/lifting. He uses analgesic cream daily with some relief. On examination he was noted to have a decreased range of motion and ambulated with assistance. His diagnoses were chronic pain, chronic neck, thoracic and lumbar back pain, diabetes, elevated LFT and thrombocytopenia NOS. Per documentation the injured worker underwent an electromyography study which was unremarkable, and a MRI which was negative, however the specific site of studies were not clear and no future evidence studies previously performed were submitted for this medical review. Treatment plan included topical compound medication cyclobenzaprine 10%, Lidocaine 2% 4gm alternating with Flurbiprofen 20%, Lidocaine 5% 4 gm and to continue with back brace. The physician discontinued oral nonsteroidal anti-inflammatory medication during that visit. The Utilization Review dated 11/03/2014 non-certified the request for topical compound medication (cyclobenzaprine 10%, Lidocaine 2%) 4 gm between 10/23/2014 and 12/26/2014: 1 prescription of topical compound medication (Flurbiprofen 20%, Lidocaine 5%) 4gm between 10/23/2014 and 12/26/2014 as not medically necessary. The reviewing physician referenced to California Chronic Pain Medical Guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Lidocaine 2% 4gm: 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 and 112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Cyclobenzaprine is not recommended due to lack of scientific evidence. The compound above contains Cyclobenzaprine compound is not medically necessary.

Flurbiprofen 20%, Lidocaine 5% 4gm: 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 and 112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The above compound contains a topical NSAID (Flurbiprofen). The length of use was not specified. Since the topical NSAID is not medically necessary due to lack of evidence to support its use, the compound above is not medically necessary.