

Case Number:	CM14-0196531		
Date Assigned:	12/04/2014	Date of Injury:	07/22/2013
Decision Date:	01/20/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 injured worker is a 32-year-old male who reported injury on 07/22/2013. The mechanism of injury was not provided. The documentation of 09/23/2014 revealed the injured worker had complaints of burning radicular low back pain and muscle spasms. The pain was a 5/10 to 7/10 on a pain analog scale. The pain was moderate to severe. The injured worker was having difficulty sleeping and was often awoken in the night due to pain. The physician documentation indicated medications gave the injured worker temporary relief of pain. The physical examination revealed tenderness to palpation over the lumbar paraspinal muscles at the quadratus lumborum muscles as well as the PSIS, greater on the left and there was a noted trigger point. The injured worker had decreased range of motion. The injured worker had a positive tripod sign, flip test sign and Lasgue's differential bilaterally. The injured worker had slightly decreased sensation to pinprick and light touch at L5 and S1 dermatomes bilaterally greater on the left. Motor strength was decreased at the bilateral lower extremities secondary to pain. The diagnoses included low back pain, lumbar radiculopathy, history of cirrhosis of the liver and sleep disorder. The treatment plan included to continue the use of the medications. Prior therapies were not provided. Diagnostic studies were not provided. The surgical history was not provided. The other medications were noted to include Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, gabapentin, and Flurbiprofen. There was a Request for Authorization submitted for review dated 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: The California Medical Treatment Utilization Schedule indicates 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... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended...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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. The FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration...The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review indicated the injured worker was taking an oral form of a muscle relaxant. There was a lack of documentation indicating a necessity for an additional topical muscle relaxant. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants as it was indicated the injured worker was utilizing gabapentin orally. The request as submitted failed to indicate the frequency for the requested medication. Additionally, there was a lack of documentation indicating a necessity for 2 topical NSAID type products. Given the above, the request for cyclobenzaprine 2%, and flurbiprofen 25% 180 gm is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Topical NSAIDs, Topical Capsaicin, Salicylate Topicals, Gabape.

Decision rationale: The California Medical Treatment Utilization Schedule indicates 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. Any compounded product that contains at least one drug (or

drug class) that is not recommended is not recommended...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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. The FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants as the injured worker was noted to be taking gabapentin orally. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. Additionally, the clinical documentation failed to provide that the injured worker had not responded or was intolerant to other treatments to support the use of capsaicin. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for capsaicin 0.025%, Flurbiprofen 15%, gabapentin 10%, menthol 2% and camphor 2% 180 gm is not medically necessary.