

Case Number:	CM14-0196908		
Date Assigned:	12/04/2014	Date of Injury:	06/21/2012
Decision Date:	01/22/2015	UR Denial Date:	11/13/2014
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 Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 58 year-old female with a date of injury of 6/21/2012. A review of the medical documentation indicates that the patient is undergoing treatment for chronic low back and lower extremity pain. Subjective complaints (10/30/2014) include neck, low back, and low extremity pain of 8/10 severity, along with new headache and right arm pain. Objective findings (10/30/2014) include heel stand weakness on left, decreased left lower extremity reflexes, and positive straight leg test on left. Diagnoses include neuritis or radiculitis due to displacement of lumbar intervertebral disc and reflex sympathetic dystrophy of lower limb. The patient has undergone studies to include MRI (7/2012), which showed disc bulging and neuroforaminal narrowing at L4-5 and EMG 9/12 which was negative. The patient has previously undergone chiropractic therapy, physical therapy, aqua therapy, injections, SCS implantation, and functional capacity examination. A utilization review dated 11/13/2014 did not certify the request for Topical Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, and Prolocaine 2% in LAM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10% Cyclobenzaprine 1% Gabapentin 6% lidocaine 2% and Prilocaine 2% in LAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Gabapentin Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics; Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: The topical compound in question appears to contain several pain medications and a muscle relaxant. According to California MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Flurbiprofen, Gabapentin, Lidocaine, and Prilocaine, topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain. California MTUS states there is little to no research to support the use of most topical analgesics. There is little evidence to utilize these medications for musculoskeletal pain. Official Disability Guidelines (ODG) also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. Specifically for NSAIDs, guidelines state that while topical NSAIDs can provide alternatives to systemic therapy with fewer side effects, the efficacy of topical NSAIDs is not well established. The only FDA-approved NSAID medical for topical use is diclofenac, which is only indicated for joint osteoarthritis. Regarding the Cyclobenzaprine, MTUS states topical muscle relaxants have no evidence for use. There is little to no evidence to support utilization of any of the included compounds, and the medical documentation does not contain any information that supports the limited indications that do exist. Therefore, the request for Topical Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, and Prolocaine 2% in LAM, is not medically necessary.