

Case Number:	CM14-0203676		
Date Assigned:	12/16/2014	Date of Injury:	06/26/2012
Decision Date:	02/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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 45 year-old male, who was injured on June 26, 2012, while performing regular work duties. A letter dated September 26, 2014, from [REDACTED], explains the usage of the medications Deprizine, Dicopanol, Fanatrex, and Tabradol. On October 13, 2014, a progress report indicates the injured worker complains of stomach pain and discomfort, low back pain that radiates down the hips into the left leg and is associated with numbness and tingling. Physical findings are noted as tenderness, at the sciatic notch, and lumbar paraspinal muscles. The records do not indicate an intolerance of oral medications. Medical records document lumbar back, hip, and knee conditions. The request for authorization is for one (1) container of Cyclobenzaprine 2%, and Flurbiprofen 25%, 180 Grams; and one (1) container of Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptyline 10%, 180 Grams. The primary diagnosis is lumbar disc displacement. On October 30, 2014, Utilization Review non-certified the request for one (1) container of Cyclobenzaprine 2%, and Flurbiprofen 25%, 180 Grams; and one (1) container of Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptyline 10%, 180 Grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 Percent and Flurbiprofen 25 Percent 180 Grams: 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: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document lumbar back, hip, and knee conditions. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical analgesic containing the muscle relaxant Cyclobenzaprine. Therefore, the request for topical compound cream containing Cyclobenzaprine and Flurbiprofen is not supported by MTUS. Therefore, the request for Cyclobenzaprine 2 Percent and Flurbiprofen 25 Percent 180 Grams is not medically necessary.

Cyclobenzaprine 2 Percent Gabapentin 15 Percent and Amitriptyline 10 Percent 180 Grams: 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: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document lumbar back, hip, and knee conditions. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical analgesic containing the muscle relaxant Cyclobenzaprine. MTUS does not support the use of a topical analgesic containing the antiepilepsy drug Gabapentin. Therefore, the request for topical compound cream containing Cyclobenzaprine and Gabapentin is not supported by MTUS. Therefore, the request for Cyclobenzaprine 2 Percent Gabapentin 15 Percent and Amitriptyline 10 Percent 180 Grams is not medically necessary.

