

Case Number:	CM14-0217443		
Date Assigned:	01/07/2015	Date of Injury:	08/08/2012
Decision Date:	02/28/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

49 year old male injured his lower back at work on 8 Aug 2012. He has been diagnosed with lumbar spinal stenosis. On his evaluation 23 May 2014 he complained of back and leg pain that was improving. Exam showed 1-2+ lumbar paraspinus muscle spasm and tenderness on palpation of those muscles. Straight leg raise, deep tendon reflexes and motor exam to legs was normal. No ancillary studies were available for review. Treatment has included surgery (lumbar laminectomy with posterior lumbar fusion L4-5 [30 Sep 2013]), physical therapy and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen, Gabapentin, Cyclobenzaprine, Tramadol, (frequency and duration unknown) DOS: 7/7/14: 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): 18-9, 49, 60-1, 63-4, 67-72, 111-13.

Decision rationale: Flurbiprofen /Gabapentin /Cyclobenzaprine /Tramadol Cream is a combination product formulated for topical use. It is made up of flurbiprofen (a non-steroidal anti-inflammatory [NSAID] medication), gabapentin (an anticonvulsant), cyclobenzaprine (a muscle relaxant), and tramadol (an opiate). The use of topical agents to control pain is considered by the MTUS to be an option in therapy of chronic pain although it is considered largely experimental, as there is little to no research to support their use. NSAIDs have been effective topically in short term use trails for chronic musculoskeletal pain but long term use has not been adequately studied. Gabapentin is an effective medication in controlling neuropathic pain, but the MTUS does not recommend its use topically. The MTUS does not address the topical use of cyclobenzaprine but notes that when used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. The MTUS does not address the topical use of tramadol or other topical opioid preparations. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since gabapentin is not recommended for topical use, this product is not recommended. Medical necessity has not been established for use of this medication.