

Case Number:	CM14-0218134		
Date Assigned:	01/07/2015	Date of Injury:	12/14/2012
Decision Date:	04/02/2015	UR Denial Date:	12/17/2014
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: New Jersey
 Certification(s)/Specialty: Family Practice

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 (IW) is a 57 year old female who sustained an industrial injury on 12/14/2012. She has reported constant low back pain with radicular symptoms. Diagnoses include lumbosacral sprain, scoliosis, back symptom, lumbar disc displacement, lumbosacral spondylosis, lumbar spinal stenosis without claudication, lumbosacral disc degeneration, lumbosacral neuritis and a lumbar sprain. Treatments to date include epidural steroid injections, and treatment by a pain management specialist. A progress note from the treating provider dated 12/01/2014 indicates the IW has tenderness to palpation with spasms of the paraspinals, limited range of motion secondary to pain, and intact sensation and reflexes in the lower extremities. The treatment plan was for follow up with pain management and a spine surgery consultation for the lumbar spine. Transdermal compounds, gabapentin oral, and ibuprofen oral were prescribed. On 12/17/2014 Utilization Review non-certified a request for Cyclobenzaprine 2%, Flurbiprofen 25%, 180gn. The MTUS Guidelines were cited. Also denied was Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, and Camphor 2%, 180gm. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25%, 180gn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical salicylate Page(s): 111-113 and 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Chronic Pain Treatment Guidelines also state that all topical forms of muscle relaxants are not recommended due to lack of supportive data. In the case of this worker, they were recommended cyclobenzaprine/flurbiprofen, which has a non-recommended medication in its formulation, and therefore, will be considered medically unnecessary.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical salicylate Page(s): 111-113 and 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at

risk, including those with renal failure and hypertension. The MTUS Chronic Pain Treatment Guidelines also state that topical use of gabapentin is not recommended due to lack of supportive data. In the case of this worker, they were recommended capsaicin/ flurbiprofen/ gabapentin/ menthol/camphor, which has a non-recommended medication in its formulation, and therefore, will be considered medically unnecessary.