

Case Number:	CM14-0034699		
Date Assigned:	06/20/2014	Date of Injury:	06/19/2012
Decision Date:	01/15/2015	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 Family Medicine and is licensed to practice in Arizona. 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 worker is a 35 year old female who was injured on 6/19/2012. She was diagnosed with lumbar spine disc bulges, lower extremity neuralgia, and subchondral cyst formation within scaphoid/lunate/capitate bones. She was treated with acupuncture, physical therapy, chiropractor treatments, and medications. On 1/6/14, the worker was seen by her primary treating physician reporting intermittent left wrist pain, rated mild to moderate with radiation and numbness and tingling. She also reported low back pain, rated as moderate to occasionally severe and associated with radiation to hips, but no numbness or tingling sensation noted. Physical examination revealed tenderness and spasm to thoracolumbar spinal area, positive sitting root test, normal lower extremity sensation and reflexes, tenderness to left carpal bones, and negative carpal Tinel's or Phalen's testing of left wrist. She was then recommended continued chiropractor treatments, physical therapy, and acupuncture, as well as referral to an orthopod. She was also recommended and prescribed two transdermal compounded medications, both of which were requested for approval and had no record to suggest they were used prior to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: 240 gm Flurbiprofen 25%, Cyclobenzaprine 2% as prescribed on 1/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

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. Muscle relaxants, including cyclobenzaprine, are not recommended for use as a topical agent due to their lack of evidence, according to the MTUS. The MTUS also states that any combination topical product which includes a non-recommended medication or medication class is considered not recommended also. In the case of this worker, she was recommended flurbiprofen/ cyclobenzaprine for her wrist and low back pain. Due to one of the ingredients of this particular topical analgesic product containing a muscle relaxant, it would be considered not recommended and therefore medically unnecessary. Also, there was no indication from the notes available for review which suggested that she was intolerant to oral NSAIDs before considering topical NSAIDs.

Compound medication: 240 gm Gabapentin 10%, Lidocaine 5%, Tramadol 15%, as prescribed on 1/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112,113. Decision based on Non-MTUS Citation ODG Pain (updated 01/07/14) Compound drugs

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 gabapentin, specifically, does not have sufficient peer-reviewed literature to support its use and is not recommended by the MTUS. The MTUS also states that any combination topical product which includes a non-recommended medication or medication class is considered not recommended also. In the case of this worker, she was recommended topical gabapentin/lidocaine/tramadol for the treatment of her wrist and low back pain. However, since gabapentin is a non-recommended medication for topical use, the entire combination product is considered not recommended, and therefore, medically unnecessary.

