

Case Number:	CM14-0077304		
Date Assigned:	03/09/2015	Date of Injury:	06/24/2012
Decision Date:	04/14/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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: Physical Medicine & Rehabilitation

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 34-year-old male with an industrial injury dated 06/24/2012. The mechanism of injury is documented as lifting a bag of trash weighing approximately 80 pounds and felt a pop in his low back. He presented on 03/25/2014 with complaints of constant low back pain. He states it is poorly controlled with medication. Physical exam revealed tenderness to palpation about the sacroiliacs and tenderness to palpation with spasms of the paraspinal. Range of motion was limited secondary to pain. Prior treatments include physical therapy, acupuncture, lumbar epidural injection and medications. Diagnoses included lumbar spine disc bulges with radiculopathy and myospasm. On 05/15/2014 the request for cyclobenzaprine 2 %, Flurbiprofen 20% 240 grams was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flubiprofen 20% 240 GRAMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Argoff 2006 Page(s): 111.

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

Decision rationale: Based on the 4/3/14 progress report provided by the treating physician, this patient presents with lower back pain, and right lower extremity pain/numbness/weakness. The treater has asked for CYCLOBENZAPRINE 2%, FLURBIPROFEN 20%, 240 GRAMS but the requesting progress report is not included in the provided documentation. The patient's diagnosis per Request for Authorization form dated 5/2/14 is lumbar strain and lumbosacral nerve root compression with radiculopathy. The patient states his pain is poorly controlled by medications; he is currently taking Hydrocodone but the treater also prescribes him a "topical transdermal compound" per 3/25/14 report. On 5/5/14 report, the patient was given two transdermal compounds, as his pain was still poorly controlled by currently medications. The patient's work status is modified duty, and if modified duty is not available, he will be placed on total temporary disability per 5/5/14 report. Regarding topical analgesics, MTUS pg. 111 states: "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as mono therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient has chronic back pain with radiating symptoms into the lower extremity, which has not seen improvement. The requested compounded topical cream, however, is not indicated per MTUS guidelines. As topical Cyclobenzaprine is not indicated, the entire compounded topical cream is also not indicated for use, as per MTUS guidelines pg. 111. The requested compounded topical analgesic IS NOT medically necessary.