

Case Number:	CM15-0005175		
Date Assigned:	01/16/2015	Date of Injury:	04/12/2000
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/09/2015

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, Hawaii
 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 40 year old female who suffered a work related injury on 04/12/00. Per the physician notes from 11/19/14, she complains of significant low back pain, rated at 8/10. She is noted to be exquisitely uncomfortable with palpation to the paralumbar musculature. The treatment plan includes Norco, Tramadol, Flexeril, and transdermal creams consisting of flurbiprofen/baclofen/cyclobenzaprine and Ketoprofen/Gabapentin/Diclofenac/Lidocaine. The Flexeril and transdermal creams were non-certified by the Claims Administrator on 12/18/14 citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 63-66.

Decision rationale: The patient presents with pain affecting the lower back. The current request is for Flexeril 10mg #60. The treating physician states, A prescription was provided for Flexeril 10 mg, one p.o. b.i.d. #60 for muscle spasm. The MTUS guidelines state, Recommended as an option, using a short course of therapy. Treatment should be brief. In this case, the treating physician has prescribed an amount which would exceed the recommended guideline. MTUS considers 2-3 weeks as a short course of therapy. The current request is not medically necessary and the recommendation is for denial.

Ketoprofen 15%, Gabapentin 8%, Diclofenac 5%, Lidocaine 5% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical medications.

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

Decision rationale: The patient presents with pain affecting the lower back. The current request is for Ketoprofen 15%, Gabapentin 8%, Diclofenac 5%, Lidocaine 5% cream 120gm. The treating physician states, "Apply 1-2 grams to affected area b.i.d.-t.i.d. for rheumatic pain." (56B) The MTUS guidelines state, "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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Furthermore, it specifically states that Gabapentin: Not recommended" Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted" Lidocaine states, No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the treating physician has prescribed a compounded topical analgesic that contains medications that are not supported by MTUS. The current request is not medically necessary and the recommendation is for denial.

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Other Muscle relaxants.

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

Decision rationale: The patient presents with pain affecting the lower back. The current request is for Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2% cream 120gm. The treating physician states, "Apply 1-2 grams to affected area b.i.d.-t.i.d. for inflammation." The MTUS guidelines state that topical analgesics are recommended as an option. On page 111 it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the treating physician has prescribed a cream with muscle

relaxants which is not supported by MTUS guidelines. The current request is not medically necessary and the recommendation is for denial.