

Case Number:	CM15-0103369		
Date Assigned:	06/05/2015	Date of Injury:	02/09/2013
Decision Date:	07/10/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/29/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 31-year-old male, who sustained an industrial injury on 2/9/13. The diagnoses have included chronic low back pain with annular tear, right lower extremity (RLE) neuralgia, gait derangement, obesity, depression, and right leg Complex regional pain syndrome (CRPS). Treatment to date has included medications, activity modifications, diagnostics, physical therapy, lumbar support brace, transcutaneous electrical nerve stimulation (TENS), and home exercise program (HEP). Currently, as per the physician progress note dated 5/1/15, the injured worker complains of spasm in the right side of the neck with numbness and tingling in the right upper extremity. He also has chronic low back pain with right side hip, leg, burning sensation in the bilateral thigh area and tingling in the bilateral feet. He states that the compounded cream improves the pain and burning sensation. The objective findings reveal positive Spurling's sign, antalgic gait, diminished stance phase in the right, can only bear weight on the front part of the right foot. The Gaenselen's maneuver elicits pain in the low back and hamstrings; straight leg raise aggravates the low back and right leg pain when approaching 41 degrees. The current medications included Norco, Skelaxin, Cyclobenzaprine 10%, Gabapentin 10% and Flurbiprofen 20%. The physician requested treatments included Cyclobenzaprine 10%, Gabapentin 10% 4 GM for neck, shoulder and Flurbiprofen 20% 4 GM right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Gabapentin 10% 4 grm for neck, shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Given all of the above, the requested topical medication is not medically necessary.

Flurbiprofen 20% 4grm right ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for flurbiprofen 20%, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flurbiprofen 20% is not medically necessary.