

Case Number:	CM15-0103613		
Date Assigned:	06/08/2015	Date of Injury:	01/31/2013
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
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: Arizona, California

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 is a 48 year old male, who sustained an industrial injury on 01/31/2013. He has reported subsequent low back pain and was diagnosed with chronic low back pain, lumbar disc degeneration and rule out lumbar facet disorder. Treatment to date has included medication and acupuncture. In a progress note dated 04/15/2015, the injured worker complained of constant low back pain. Objective findings were notable for guarding and rigidity with palpation of the lumbar paraspinals, poor tolerance to range of motion maneuver and poor tolerance to Gaenselen's test maneuver. A request for authorization of compound analgesic topical cream (Cyclobenzaprine/Lidocaine) quantity of 4 gm and Flurbiprofen/Lidocaine quantity of 4 gm was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Analgesic topical cream: Cyclobenzaprine 10%, Lidocaine 2% quantity 4 gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, the compound contains Lidocaine and topical Lidocaine was also provided in combination with another topical medication as noted below. In addition, the claimant had been on oral opioids and NSAIDs along with the topical Cyclobenzaprine 10%, Lidocaine 2% for over 6 months with only 2 point reduction in VAS score and no reduction in oral medication with the use of topical. Since the compound above topical Cyclobenzaprine, the compound in question is not medically necessary.

Flurbiprofen 20% Lidocaine 5% quantity 4gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidocaine is used off label for diabetic neuropathy. Topical NSAIDs such Flurbiprofen have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant did not have the diagnoses above. In addition, the claimant had been on oral opioids and NSAIDs along with the topical Flurbiprofen 20% Lidocaine 5% for over 6 months with only 2 point reduction in VAS score and no reduction in oral medication with the use of topical. The continued use of Flurbiprofen 20% Lidocaine 5% is not medically necessary.