

Case Number:	CM15-0105965		
Date Assigned:	06/15/2015	Date of Injury:	10/06/2014
Decision Date:	07/17/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/02/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 39 year old female, who sustained an industrial injury on 10/6/14. The injured worker was diagnosed as having cervical spine sprain/strain, rule out cervical spine radiculopathy, lumbar spine sprain/strain and rule out radiculitis of lower extremity. Treatment to date has included topical pain medications and activity restrictions. Currently, the injured worker complains of burning neck pain and muscle spasms rated 6/10 associated with numbness and tingling of bilateral upper extremities and burning low back pain and muscle spasms rated 6/10 and associated with numbness and tingling of bilateral lower extremities. She notes the symptoms are temporarily relieved by medications and pain is also alleviated by activity restrictions. She is currently not working. Physical exam noted tenderness to palpation at the sub occipital region as well as over both scalene and trapezius muscles with restricted cervical range of motion and palpable tenderness with spasms at lumbar paraspinal muscles and over the lumbosacral junction with restricted range of motion. A request for authorization was submitted for Capsaicin/Flurbiprofen/Gabapentin/Camphor/Menthol cream and Cyclobenzaprine/Flurbiprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Cyclobenzaprine 2 Percent, Flurbiprofen 25 Percent 180 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.