

Case Number:	CM15-0106075		
Date Assigned:	06/12/2015	Date of Injury:	02/29/2008
Decision Date:	07/17/2015	UR Denial Date:	04/28/2015
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: Texas, 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 68 year old male, who sustained an industrial injury on 2/29/2008. Diagnoses include lumbar intervertebral disc displacement without myelopathy, and status post right knee arthroscopy, 2010. Treatment to date has included medications, epidural steroid injections, physical therapy, diagnostics and activity modification. Per the Primary Treating Physician's Progress Report dated 4/09/2015, the injured worker reported left and right posterior shoulder, left cervical dorsal, upper thoracic, right cervical dorsal, right anterior shoulder, left anterior shoulder, left and right posterior arms, right, left and mid thoracic, and right and left anterior knee pain. He also reported headaches. Pain is rated as 7/10 currently and is noticeable 80% of the time. At its worst the pain is rated as 9/10 and at its best is rated as 5/10. Physical examination of the cervical spine revealed decreased ranges of motion in all planes. Right and left shoulder examination revealed decreased ranges of motion in all planes. Lumbar ranges of motion were decreased in all planes. Knee extension and flexion were 4/5 on the left and right. Knee ranges of motion were restricted in flexion on the left and right. The plan of care included diagnostics, inferential unit, physical therapy and topical and oral medications and authorization was requested for Flurbiprofen 20%, Tramadol 30%, #180gms, Cyclobenzaprine 10mg #30 and Norco 10/325mg #60. The medication list include Norco, Cyclobenzaprine, and Naproxen. Patient has received an unspecified number of PT visits for this injury. A recent detailed examination of the gastrointestinal tract was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20% in 180 grams (4/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Request: Retrospective Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20% in 180 grams (4/9/15). According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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". 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. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Baclofen is muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." "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. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." The medication Flurbiprofen is a NSAID. "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Flurbiprofen, Baclofen and Capsaicin are not recommended by MTUS. The medication Retrospective Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Camphor 2%, Capsaicin 0.0375%, Hyalur is not medically necessary.