

Case Number:	CM15-0130255		
Date Assigned:	07/16/2015	Date of Injury:	09/08/1990
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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:

This is a 59 year old female patient, who sustained an industrial injury on September 8, 1990. The diagnoses include status post lumbar fusion surgery with failed back syndrome, left shoulder arthroscopic surgery with recurrent shoulder pain, L3-L4 disc protrusion with spinal stenosis, chronic reactive clinical depression with chronic pain, chronic gastritis secondary with chronic pain mediation, chronic pain syndrome with chronic opioid tolerance, left carpal tunnel release surgery with recurrent carpal tunnel syndrome and cervical degenerative spondylosis rule out new onset of cervical disc herniation. According to progress note of June 1, 2015, she had complaints of recurrent pain from failed back syndrome as well as cervical degenerative disc disease with radicular condition. She had pain at 8-9 at it worst, more significantly affecting the low back and neck at 6-7 out of 10, as well as the left hand and wrist pain. The physical examination revealed diffuse tenderness with palpation over the C4-C5 and C5-C6 cervical interspaces, moderate to severe tenderness over the L4-L5 and L5-S1 interspaces, walked with a cane for support, antalgic gait, decreased weight-bearing on the left lower extremity, decreased sensation over the left C6 and C7 distribution, decreased motor strength of the left knee extension, left ankle dorsiflexion and planter flexion, positive straight leg raises in the left lower extremity at 45 degree angle in a sitting position. She reported that she found the compound topical ointment helpful and allowed her to limit the use of oral medications. The medications list includes Fentanyl Patches, Oxycontin, Gabapentin, Pristiq, Lunesta, Saphris and topical compound cream. She has undergone lumbar surgery, left shoulder surgery and left carpal tunnel release. She has had urine drug screen on 1/5/2015. The treatment plan included compound drug prescription containing Flubiprofen /Cyclobenzaprine/lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 20%, Cyclobenzaprine 4% and Lidocaine 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Q-Flurbiprofen 20%, Cyclobenzaprine 4% and Lidocaine 4%. This is a request for topical compound medication. Cyclobenzaprine is a muscle relaxant and flurbiprofen is an NSAID. The MTUS Chronic Pain Guidelines regarding topical analgesics 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) 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. Topical NSAIDs- 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." "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: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and cyclobenzaprine are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The Flurbiprofen 20%, Cyclobenzaprine 4% and Lidocaine 4% is not medically necessary for this patient.