

Case Number:	CM15-0132875		
Date Assigned:	07/21/2015	Date of Injury:	09/01/2007
Decision Date:	09/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/09/2015

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 53 year old, male who sustained a work related injury on 9/1/07. The diagnoses have included lumbar spine L5-S1 large disc herniation with bilateral S1 radiculopathy, right knee concern and significant psychiatric concerns. Treatments have included lumbar spine surgery, physical therapy, aqua therapy, medications, lumbar facet injections, lumbar medial branch blocks and home exercises. In the Primary Treating Physician's Progress Report dated 5/7/15, the injured worker complains of continued back pain. He has stiffness and spasm all over lumbar spine. He has some leg pain and weakness. He has difficulty with sleep. He complains of knee pain with weakness. He has panic attacks and issues with stress and anxiety, which are overwhelming right now. He is not working. The treatment plan includes requests for a knee brace, for a psychological evaluation and for topical pain cream. The medication list includes Cyclobenzaprine, Hydrocodone, Lyrica, and Diazepam. The patient's surgical history includes laminectomy surgery in 4/15/2013 and right knee arthroscopy. A recent detailed clinical 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:

Topical pain cream transdermal compound containing Flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5% 120g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics Page(s): 111-113.

Decision rationale: 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. 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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Lyrica. The detailed response of the Lyrica for this injury was not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. Flurbiprofen is an NSAID. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Baclofen and Cyclobenzaprine are muscle relaxants. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." 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, Cyclobenzaprine and Baclofen are not recommended by MTUS. The medical necessity of the medication Topical pain cream transdermal compound containing Flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2% is not fully established in this patient. The request is not medically necessary.