MAXIMUS Federal Services

Case Number:	CM15-0136650		
Date Assigned:	07/24/2015	Date of Injury:	03/07/2013
Decision Date:	08/31/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, District of Columbia, Maryland
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 45 year old male, who sustained an industrial injury on 3/7/13. He has reported initial complaints of a low back injury. The diagnoses have included low back pain, lumbar spine Herniated Nucleus Pulposus (HNP), and lower extremity radiculitis. Treatment to date has included medications, activity modifications, diagnostics, physical therapy and other modalities. Currently, as per the physician progress note dated 6/11/15, the injured worker complains of burning, radicular low back pain with spasms. The pain is rated 5/10 on pain scale and travels down both legs and is associated with numbness and tingling. He also complains of weakness in the left leg. He states that the symptoms persist but the medications give him temporary relief and improve his ability to have restful sleep. The physical exam of the lumbar spine reveals tenderness to palpation with spasms noted. There is also sciatic notch tenderness noted, decreased lumbar range of motion, positive straight leg raise on the left, decreased sensation to pinprick and light touch at the L and S1 dermatomes bilaterally and decreased motor strength in the bilateral lower extremities. The current medications were noted. The diagnostic test performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The urine drug screen dated 2/5/15 was consistent with the medications prescribed. The physician requested treatment included Topical compound with Cyclobenzaprine 2% and Flurbiprofen 25% 180gm apply to affected area for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound with Cyclobenzaprine 2% and Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-112.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [besides baclofen, which is also not recommended]." Cyclobenzaprine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a- adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (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." Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Because topical cyclobenzaprine is not indicated, the compound is not recommended. This request is not medically necessary.