MAXIMUS Federal Services

Case Number:	CM15-0137606		
Date Assigned:	07/27/2015	Date of Injury:	11/06/2013
Decision Date:	09/30/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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 34 year old male, who sustained an industrial injury on November 6, 2013. He reported neck pain, bilateral shoulder pain, lumbar pain, thoracic pain and right ankle pain. The injured worker was diagnosed as having headache, cervical strain/sprain, thoracic sprain/strain, lumbar radiculitis, lumbar sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, fracture of unspecified bones of the foot except toes, closed, foot sprain, right foot cellulitis and tibiofibular sprain, distal. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker continued to report headaches, sleep disruptions, neck pain, bilateral shoulder pain, lumbar pain, thoracic pain and right ankle pain. It was noted he walked with an altered gait secondary to right foot and ankle pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 31, 2014, revealed a well healed incision. Sutures were removed. It was noted he was partial weight bearing for another week. A home exercise plan was started and therapy was recommended. He was noted as temporarily totally disabled. Evaluation on January 12, 2015, revealed continued pain as noted. He was one month status post-surgical intervention of the right ankle. He reported swelling and pain in the right ankle and noted it was moderate to severe and worse with movement. The impression was right foot cellulitis. Antibiotics were started and medications were continued. Evaluation on May 4, revealed continued pain as noted. Evaluation on May 4, 2015, revealed continued pain as noted with associated symptoms. He reported the headaches were nearly debilitating at times and

caused light sensitivity. Evaluation on June 3, 2015, revealed continued pain as noted. He rated his pain in the neck and upper extremities at 5 on a 1-10 scale with 10 being the worst. He rated his back pain at 7 on a 1-10 scale with 10 being the worst and his right foot and ankle pain at 5 on a scale of 1-10 with 10 being the worst. He also reported radicular symptoms including tingling and numbness in the bilateral shoulders and upper extremities, back and right foot. He noted medications provided temporary benefit and improved sleep. Evaluation on July 1, 2015, revealed continued pain with associated symptoms as noted. He rated his pain at 4-5 out of 10 in the shoulders and upper extremities, 7/10 in the mid back, 7/10 in the low back and 5/10 in the right foot with 10 being the worst pain. Cyclobenzaprine 2% Flurbiprofen 25% 180gm was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% Flurbiprofen 25% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113.

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 antidepressants and anticonvulsants 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.