

Case Number:	CM15-0142923		
Date Assigned:	08/03/2015	Date of Injury:	03/18/2013
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 47 year old male who sustained an industrial injury on 03/18/2013. He reported neck pain. A fall at work in November 2014 has exacerbated the neck and lower back pain. The injured worker was diagnosed as having: Cervicalgia, neck pain; Cervical radiculopathy with radiculitis; Cervical spondylosis without myelopathy; Myofascial pain; Lumbar or thoracic radiculitis-radiculopathy; Lateral epicondylitis; Ulnar nerve lesion-neuropathy; Treatment to date has included management of chronic pain issues by a pain specialist and use of oral and topical medications. He has had pain medications, epidural steroid injection of the cervical spine, and physical therapy (which the worker found difficult to tolerate). Currently, the injured worker complains of pain radiating down both legs, ankle and dorsal foot. He also has pain radiating into the thoracic region. He has tightness in bilateral calves at night, and buttock pain (tailbone) and knee and lower extremity pain. His pain severity is rated as a 1 on a scale of 0-10. On examination he has sensory that is reduced to light touch and pin prick in a S1 distribution. He has tenderness to palpation in the bilateral lumbar paraspinal muscle groups, with positive twitch response and guarding. Straight leg raise was positive on the left at 60 degrees and on the right at 45 degrees. Range of motion of the lumbar spine was diminished in extension and lateral flexion. His medications include Flexeril, Tramadol, Baclofen, and compounded creams. The treatment plan is for oral and topical medications; a gym membership with pool therapy at the Gym; and continuation of a home exercise program. A request for authorization was made for the following: 1. Retrospective Flurbiprofen cream compound 30gm. DOS: 5/7/15 2. Retrospective Gabapentin cream compound 30gm. DOS: 5/7/15 3. Retrospective Cyclobenzaprine cream compound 30gm. DOS: 5/7/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen cream compound 30gm. DOS: 5/7/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines - Treatment for Workers' Compensation 2015 web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for low back pain radiating into the thoracic spine and into both lower extremities. When seen he was having stiffness and tightness. He had increased pain after falling in November 2014. Physical examination findings included spinal tenderness with trigger points. Spurling's testing was positive. Medications being prescribed included Flexeril, vitamin D, oral gabapentin, tramadol, baclofen, amoxicillin, and vitamin B12. Topical compounded cream also being prescribed and were continued. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and this medication was not medically necessary.

Retrospective Gabapentin cream compound 30gm. DOS: 5/7/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines - Treatment for Workers' Compensation 2015 web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for low back pain radiating into the thoracic spine and into both lower extremities. When seen he was having stiffness and tightness. He had increased pain after falling in November 2014. Physical examination findings included spinal tenderness with trigger points. Spurling's testing was positive. Medications being prescribed included Flexeril, vitamin D, oral gabapentin, tramadol, baclofen, amoxicillin, and vitamin B12. Topical compounded cream also being prescribed and were continued. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not

recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, oral gabapentin is also being prescribed which is duplicative. There are other topical treatments that could be considered. This medication was not medically necessary.

Retrospective Cyclobenzaprine cream compound 30gm. DOS: 5/7/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines - Treatment for Workers' Compensation 2015 web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for low back pain radiating into the thoracic spine and into both lower extremities. When seen he was having stiffness and tightness. He had increased pain after falling in November 2014. Physical examination findings included spinal tenderness with trigger points. Spurling's testing was positive. Medications being prescribed included Flexeril, vitamin D, oral gabapentin, tramadol, baclofen, amoxicillin, and vitamin B12. Topical compounded cream also being prescribed and were continued. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other topical treatments that could be considered and oral cyclobenzaprine and baclofen are also being prescribed. This medication was not medically necessary.