

Case Number:	CM15-0145206		
Date Assigned:	08/06/2015	Date of Injury:	05/12/2015
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an industrial injury on 5-12-15 involving a lifting incident where he was required to lift 80-100 pounds over his head resulting in a sharp pain in the lower back, mid-back and buttocks. He was medically evaluated, given medication which offered temporary relief. He currently complains of constant low back pain with radiation into both lower extremities associated with tingling, numbness, weakness, and cramps left more than right with a pain level was 5-6 out of 10; constant neck pain radiating into both shoulders with a pain level of 5-6 out of 10. He has sleep disturbances. On physical exam of the cervical spine there was midline tenderness, bilateral cervical facet tenderness, bilateral trapezius tenderness with positive facet loading; low back exam showed midline tenderness, bilateral lumbar facet tenderness, bilateral mild sacroiliac and sciatic notch tenderness with positive straight leg raise sitting and lying and positive Lasegue's. Medications were Anaprox, Flexeril, Ultram, and Prilosec. Diagnoses included possible lumbar and cervical discogenic pain, bilateral facet pain, possible sprain, strain; bilateral lumbosacral radicular pain; bilateral shoulder pain. On 7-8-15 the treating provider's plan of care included requests for flurlido and ultraflex-G.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurlido (Flurbiprofen 20%/A/Lidocaine 5%/Amitriptyline 5%): 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): 111-113.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with low back pain radiating into the lower extremities rated 5-6/10, and neck pain radiating into both shoulders. The request is for Flurlido (Flurbiprofen 20% A/Lidocaine 5%/Amitriptyline 5%). RFA with the request not provided. Patient's diagnosis on 07/08/15 includes possible lumbar discogenic pain/ possible bilateral lumbar facet pain L4-L5, L5-S1/ possible lumbar sprain/strain, constant bilateral lumbosacral radicular pain left more than right, possible cervical discogenic pain/ possible bilateral cervical facet pain C4-C5, C5-C6/ possible cervical sprain/strain, and bilateral shoulder pain which is referred from cervical spine. Physical exam of the cervical spine on 07/08/15 revealed midline tenderness, bilateral cervical facet tenderness, and bilateral trapezius tenderness with positive facet loading. Examination of the lumbar spine revealed midline tenderness, bilateral lumbar facet tenderness, bilateral mild sacroiliac and sciatic notch tenderness. Positive straight leg raise tests. Patient's medications include Anaprox, Flexeril, Ultram, and Prilosec. The patient is temporarily totally disabled, per 06/02/15 report. MTUS has the following regarding topical creams (p111, chronic pain section): "TopicalAnalgesics: 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "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. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. In this case, there are no discussions regarding location that will be treated, nor medication efficacy. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, and Amitriptyline, which are not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Ultraflex (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%): 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): 111-113.

Decision rationale: Based on the 07/08/15 progress report provided by treating physician, the patient presents with low back pain radiating into the lower extremities rated 5-6/10, and neck pain radiating into both shoulders. The request is for Ultraflex (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%). RFA with the request not provided. Patient's diagnosis on 07/08/15 includes possible lumbar discogenic pain/possible bilateral lumbar facet pain L4-L5, L5-S1/ possible lumbar sprain/strain, constant bilateral lumbosacral radicular pain left more than right, possible cervical discogenic pain/ possible bilateral cervical facet pain C4-C5, C5-C6/ possible cervical sprain/strain, and bilateral shoulder pain which is referred from cervical spine. Physical exam of the cervical spine on 07/08/15 revealed midline tenderness, bilateral cervical facet tenderness, and bilateral trapezius tenderness with positive facet loading. Examination of the lumbar spine revealed midline tenderness, bilateral lumbar facet tenderness, bilateral mild sacroiliac and sciatic notch tenderness. Positive straight leg raise tests. Patient's medications include Anaprox, Flexeril, Ultram, and Prilosec. The patient is temporarily totally disabled, per 06/02/15 report. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "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. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. In this case, there are no discussions regarding location that will be treated, nor medication efficacy. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, Cyclobenzaprine, and Tramadol, which are not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.