

Case Number:	CM15-0145240		
Date Assigned:	08/06/2015	Date of Injury:	04/07/1997
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
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: Arizona, 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 64 year old male patient who sustained an industrial injury on April 07, 1997. A recent primary treating office visit dated July 08, 2015 reported subjective complaint of continued with total body pain, chronic fatigue, difficulty sleeping, and morning gel phenomenon. The following diagnoses were applied: myalgia and myositis, extrapyramidal disease, and multiple site of osteoarthritis. The plan of care noted continuing with Tramadol, Naprosyn, Prilosec and topical compound cream. He is to remain off from work duty through the following visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 5.21.15 Cyclobenzaprine HCL powder, Gabapentin powder, Lidocaine powder, Capsaicin powder, Lipoderm base: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine anti epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, the compound in question was combined with other topical compounds. Since the compound above contains these topical medications, the compound in question is not medically necessary.

Retro DOS: 5.21.15 Flurbiprofen powder, Lidocaine powder, Menthol crystals, camphor crystals, lipoderm base: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics 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. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. Lidocaine is 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). In this case, the claimant does not have the above diagnoses and long term use is not indicated There are diminishing effects after 2 weeks. The claimant was also on oral NSAIDs. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The compound in question was combined with other topical analgesics without evidence to support their use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Flurbiprofen powder, Lidocaine powder, Menthol crystals, camphor crystals, Lidoderm base is not medically necessary.