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| Case Number: | CM15-0166232 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 08/15/2009 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/24/2015 |

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: North Carolina
 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:

This is a 49 year old male with a date of injury on 8-15-2009. A review of the medical records indicates that the injured worker is undergoing treatment for L4-5 and L5-S1 lumbar disc derangements, L4-5 and L5-S1 lumbar facet syndrome and left lumbar radiculitis. Medical records (4-15-2015 to 7-15-2015) indicate chronic, intractable low back pain with radiculopathy. He rated his overall pain six to seven out of ten. Per the treating physician (7-15-2015), the employee was temporarily totally disabled. The physical exam (4-15-2015 to 7-15-2015) reveals moderate to severe tenderness over the lumbar paraspinal muscle and bilateral gluteus. Vertebral exam showed moderate tenderness over the L4-5 and L5-S1 interspaces. There was diminished sensation over the bilateral L5 dermatomes. He had positive straight leg raise testing bilaterally while sitting. Treatment has included a transcutaneous electrical nerve stimulation (TENS) unit, surgery, spinal cord stimulator, Functional Restoration Program and medications (including Ultram, Norco, Anaprox, Elavil and Prilosec). The original Utilization Review (UR) (7-27-2015) non-certified a request for Flurbiprofen 20%-Cyclobenzaprine 4%- Lidocaine 5% 240 grams (30 day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% 240 grams (30 day supply):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. 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, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. The requested medication contains ingredients (cyclobenzaprine), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.