

Case Number:	CM15-0180550		
Date Assigned:	09/22/2015	Date of Injury:	07/06/2004
Decision Date:	10/26/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency Medicine

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 42 year old male, who sustained an industrial injury on 07-06-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for lumbar discopathy with disc displacement, lumbar radiculopathy, and sacroiliac arthropathy. Medical records (02-21-2015 to 08-01-2015) indicate ongoing low back pain with radiating pain into both lower extremities and associated with numbness and tingling (right greater than left), pain over the bilateral sacroiliac joints with swelling (right greater than left), and insomnia. Records also indicate no changes in activity or function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-01-2015, revealed no acute distress, tenderness to palpation over the lumbar paraspinal musculature, decreased range of motion (ROM) in the lumbar spine secondary to pain and stiffness, tenderness over the bilateral sacroiliac joints with fibrous nodules that are tender to palpation, positive Fabere's and Patrick's test, and positive straight leg raises at 20° bilaterally. Motor strength was normal in upper and lower extremities. Sensation was diminished to light touch and pin-prick at the bilateral L5-S1 dermatomal distributions. Deep tendon reflexes were 1+ throughout with both toes down-going. There were no changes from previous exam dated 06-28-2015. Relevant treatments have included physical therapy (PT), work restrictions, and pain medications (Fexmid, Nalfon, Prilosec, Ultram ER, Norco, Ambien, topical flurbiprofen menthol, camphor & capsaicin [since at least 12-2014], and topical cyclobenzaprine & tramadol [since at least 12-2014]) which were reported to be helpful in relieving pain. The request for authorization (08-01-2015) shows that the following compounded topical analgesics were

requested and dispensed: flurbiprofen 15gm and 60gm 25%, menthol 10%, camphor 3%, capsaicin 0.0375%; and cyclobenzaprine 15gm and 60gm 0%, tramadol 10%. The original utilization review (08-17- 2015) non-certified the request for topical analgesic creams: flurbiprofen 15gm and 60gm 25%, menthol 10%, camphor 3%, capsaicin 0.0375%; and cyclobenzaprine 15gm and 60gm 0%, tramadol 10% based on the lack of function gains.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream, Flurbiprofen 15gm and 60gm 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375%: 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 requested Compound topical cream, Flurbiprofen 15gm and 60gm 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first- line therapy of antidepressants and anticonvulsants". The injured worker has low back pain with radiating pain into both lower extremities and associated with numbness and tingling (right greater than left), pain over the bilateral sacroiliac joints with swelling (right greater than left), and insomnia. Records also indicate no changes in activity or function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08- 01-2015, revealed no acute distress, tenderness to palpation over the lumbar paraspinal musculature, decreased range of motion (ROM) in the lumbar spine secondary to pain and stiffness, tenderness over the bilateral sacroiliac joints with fibrous nodules that are tender to palpation, positive Fabere's and Patrick's test, and positive straight leg raises at 20 bilaterally. Motor strength was normal in upper and lower extremities. Sensation was diminished to light touch and pin-prick at the bilateral L5-S1 dermatomal distributions. Deep tendon reflexes were 1+ throughout with both toes down-going. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound topical cream, Flurbiprofen 15gm and 60gm 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% is not medically necessary.

Topical cream, Cyclobenzaprine 15gm and 60gm 0%, Tramadol 10%: 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 requested Topical cream, Cyclobenzaprine 15gm and 60gm 0%, Tramadol 10% is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain with radiating pain into both lower extremities and associated with numbness and tingling (right greater than left), pain over the bilateral sacroiliac joints with swelling (right greater than left), and insomnia. Records also indicate no changes in activity or function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-01-2015, revealed no acute distress, tenderness to palpation over the lumbar paraspinal musculature, decreased range of motion (ROM) in the lumbar spine secondary to pain and stiffness, tenderness over the bilateral sacroiliac joints with fibrous nodules that are tender to palpation, positive Fabere's and Patrick's test, and positive straight leg raises at 20 bilaterally. Motor strength was normal in upper and lower extremities. Sensation was diminished to light touch and pin-prick at the bilateral L5-S1 dermatomal distributions. Deep tendon reflexes were 1+ throughout with both toes down-going. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical cream, Cyclobenzaprine 15gm and 60gm 0%, Tramadol 10% is not medically necessary.