

Case Number:	CM15-0181923		
Date Assigned:	09/23/2015	Date of Injury:	02/17/2014
Decision Date:	10/27/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 39-year-old male, who sustained an industrial injury on February 17, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having low back pain, lumbar spine herniated nucleus pulposus, lumbar radiculopathy, lumbar spine degenerative disc disease and hemangioma at L1. Treatment to date has included trigger point injection, chiropractic treatment, medication and diagnostic studies. On July 31, 2015, the injured worker complained of burning low back pain. The pain was rated as a 3-4 on a 1-10 pain scale. The pain was associated with numbness and tingling of the bilateral lower extremities. He stated that the symptoms persist but the medications do offer him "temporary" relief of pain and improve his ability to have restful sleep. Physical examination of the lumbar spine revealed palpable tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. The treatment plan included acupuncture, physiotherapy, chiropractic treatment, Localized Intense Neurostimulation Therapy, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream and a follow-up visit. On August 18, 2015, utilization review denied a request for Cyclobenzaprine 2%-Flurbiprofen 25% 180gm and Capsaicin 0.025%-Flurbiprofen 15%-Gabapentin 10%-Menthol 2%-Camphor 2% 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation FDA, New Release 12/5/06, Compounded topical anesthetic creams.

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

Decision rationale: Cyclobenzaprine 2%/Flurbiprofen 25% 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation indicates that the patient has spine pain for which Flurbiprofen is not recommended for. Additionally, the MTUS does not support topical Cyclobenzaprine. The documentation does not indicate extenuating reasons to go against guideline recommendations therefore this request is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation FDA, New Release 12/5/06, Compounded topical anesthetic creams.

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

Decision rationale: Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatments. Topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Menthol and Camphor are ingredients in BenGay which is a methyl salicylate and supported by the MTUS. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Gabapentin for this patient's condition and there are no extenuating circumstances in the documentation submitted which would necessitate going against guideline recommendations and using this topical medication. Therefore, this request is not medically necessary.