

Case Number:	CM15-0185206		
Date Assigned:	09/25/2015	Date of Injury:	02/25/2011
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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 62-year-old male, who sustained an industrial injury on 2-25-11. The injured worker has complaints of neck pain that radiates into his right upper extremity with weakness. The documentation noted that the right medial elbow tenderness and moderate and positive right ulnar nerve compression test and cubital tunnel tincl. There is limited range of motion to the cervical spine and minimal tenderness to palpation to the cervical musculature. The diagnoses have included post laminectomy syndrome, cervical region. Ultrasound of the elbow revealed findings of right ulnar with an enlarged edematous nerve with prior postoperative changes. Urine drug screen was negative for opioids and was consistent with his present regimen. Pre-operative cervical magnetic resonance imaging (MRI) reveals moderate-to-severe central canal stenosis due to central disc protrusion at c6-7; moderate central stenosis at C4-5 and C7-T1; marked degenerative changes to the right facet joint at c3-4 and severe left-sided foraminal narrowing C7-T1 due to uncinated spurring with intervening disc. Electrodiagnostic studies in 2012 reveal findings of right carpal and cubital tunnel syndrome as well as mild ulnar nerve entrapment at the guyon canal. Electrodiagnostic studies of the upper extremity from May 2014 reveal mild bilateral carpal tunnel syndrome and no evidence of cervical radiculopathy. Treatment to date has included status post C4-7 anterior discectomy cervical fusion and L4-5 laminectomy; tramadol for pain and effexor XR for chronic pain and depression with generalized anxiety and topical cream. The original utilization review (8-27-15) non-certified the request for compound, flurbiprofen 20%, cyclobenzaprine 4%, lidocaine 5%, hyaluronic acid 0.2%, menthol 5%, quantity 120-30, with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic acid 0.2%, Menthol 5%, Qty 120/30, with 0 refills: 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 62 year old patient complains of neck pain radiating to right upper extremity with weakness, as per progress report dated 08/06/15. The request is for Compound: Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5%, Hyaluronic Acid 0.2%, Menthol 5%, qty 120/30, with 0 refills. The RFA for this case is dated 08/20/15, and the patient's date of injury is 02/25/11. The patient is status post C4-7 anterior discectomy cervical fusion, status post L4-5 laminectomy, status post right cubital tunnel release, and status post right elbow epicondyle release, as per progress report dated 08/06/15. Diagnoses also included cervical fusion residual dysphagia, chronic left lumbar radiculopathy, and chronic right ulnar neuropathy, adjustment disorder with depression and anxiety, sleep disorder secondary to pain and anxiety, and depressive disorder with anxiety. Medications included Tramadol and Effexor. The patient is capable semi-sedentary work without repetitive right upper extremity movements, as per the same progress report. The MTUS chronic pain guidelines 2009, page 111 and Topical Analgesics section, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Cyclobenzaprine: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain 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). 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. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, none of the progress reports specifically discuss the use of Flurbiprofen / Cyclobenzaprine / Lidocaine / Hyaluronic acid / Menthol cream. In progress report dated 08/06/15, the treater states that creams are being prescribed "as patient has been reporting some GI upset following oral medications." It is not clear if this is the first prescription for this topical ointment or if the patient has used it in the past. The treater does not discuss the efficacy of the cream nor does the treater indicate how and where it will be applied. Additionally, MTUS does not support the use of Cyclobenzaprine in topical form. There is no diagnosis of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not allow for any other formulation of Lidocaine other than topical patches. MTUS Guidelines also provide a clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since three components of this cream are not indicated by the guidelines, this request is not medically necessary.