

Case Number:	CM15-0188359		
Date Assigned:	09/30/2015	Date of Injury:	10/02/2013
Decision Date:	12/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/24/2015

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: New York

Certification(s)/Specialty: Internal 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 52 year old male, who sustained an industrial injury on 10-2-15. Medical records indicate that the injured worker is undergoing treatment for neck pain, lumbar muscle spasm, lumbar radiculopathy, lumbar herniated nucleus pulposus, loss of sleep and other insomnia. The injured worker was noted to be working with modified duties. On (7-2-15) the injured worker complained of dull and aching low back pain which radiated to the bilateral lower extremities with associated numbness and tingling. The pain was rated 3-4 with medications and 7 without medications on the visual analogue scale. The pain was aggravated by bending and lifting and relieved by rest and medications. Examination of the lumbar spine revealed tenderness to palpation over the bilateral sacroiliac joints and paravertebral muscles. Spasm of the bilateral gluteus and lumbar paravertebral muscles was also noted. Range of motion was decreased and painful. Subsequent progress reports (6-25-15 and 5-15-15) indicate the injured worker pain levels were consistent at 3-4 with medications. Treatment and evaluation to date has included medications, toxicology screening, MRI of the lumbar spine, electrodiagnostic studies, physical therapy and acupuncture treatments. Current medications include Cyclobenzaprine, Norco, Prilosec and the topical analgesics: Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic Acid in a cream base and Amitriptyline, Gabapentin, Bupivacaine Hyaluronic Acid in a cream base. The injured worker has been prescribed the current medications since at least May of 2015. The toxicology screen dated 6-22-15 was consistent with the prescribed medications. The current treatments requested includes the compound creams: Compound #1- Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic Acid, cream base quantity 240 grams and Compound

#2: Amitriptyline, Gabapentin, Bupivacaine Hyaluronic Acid, cream base quantity 240 grams, Norco 5-325 mg # 60 and Cyclobenzaprine 7.5 mg # 60. The Utilization Review documentation dated 8-24-15 non-certified the request for the compound creams: Compound #1- Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic Acid, cream base quantity 240 grams and Compound #2 Amitriptyline, Gabapentin, Bupivacaine Hyaluronic Acid, cream base quantity 240 grams and modified the requests for Norco 5-325 mg # 45 (original request 60) and Cyclobenzaprine 7.5 mg # 30 (original request 60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 7.5mg #60: 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): Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Documentation fails to indicate acute exacerbation or significant objective improvement in the injured worker's pain or functional status to justify long term use of cyclobenzaprine. The request for Cyclobenzaprine (Flexeril) 7.5mg #60 is not medically necessary per MTUS guidelines.

Hydrocodone/APAP (Norco) 5/325mg #60: 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): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable

adverse effects. The injured worker complains of chronic radicular low back pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Hydrocodone/APAP (Norco) 5/325mg #60 is not medically necessary.

Compound #1- Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic Acid, Cream Base, QTY: 240GMS: 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: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application and MTUS provides no evidence recommending the use of topical Menthol, Hyaluronic Acid or Camphor. MTUS further does not recommend the use of muscle relaxants as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Compound #1- Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic Acid, Cream Base Qty: 240gms is not medically necessary by MTUS.

Compound #2 - Amitriptyline, Gabapentin, Bupivacaine Hyaluronic Acid, cream base, QTY: 240grams: 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: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS provides no evidence recommending the use of topical Hyaluronic. MTUS further does not recommend the use of Gabapentin as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Compound #2 - Amitriptyline, Gabapentin, Bupivacaine Hyaluronic Acid, cream base, Qty: 240 grams is not medically necessary by MTUS.