

Case Number:	CM15-0193497		
Date Assigned:	10/13/2015	Date of Injury:	06/28/2003
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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 55 year old male, who sustained an industrial injury on 6-28-03. The injured worker is being treated for cervical discopathy with disc displacement, lumbar discopathy with disc displacement and stenosis and right sacroiliac arthropathy. Treatment to date has included oral medications including Fexmid, Nalfon, Prilosec, Ultram ER, Norco and Restoril and topical Cyclobenzaprine cream. On 3-23-15, the injured worker complains of continued cervical spine pain with radiation to bilateral arms and associated with numbness and tingling in arms and lumbar spine pain with radiation to bilateral legs with associated numbness and tingling; he also complains of pain over the right sacroiliac joint with radiation down bilateral legs and relieved with medications and compound creams. He rates the pain 6-10 without medications and 0-10 after Fexmid, 7-8 out of 10 to 3 out of 10 with use of cyclobenzaprine, 8 out of 10 to 0 out of 10 with Ultram and 8 out of 10 to 4 out of 10 after Nalfon He is currently not working. Physical exam performed on 3-23-15 revealed tenderness to palpation of cervical spine over paraspinal musculature with decreased range of motion and lumbar spine tenderness to palpation over the lumbar paraspinal musculature with decreased range of motion. The treatment plan included continuation of medications and Cyclobenzaprine 10%-Tramadol 10% 15gm and 60 gm topical cream. On 9-18-15 request for authorization for Cyclobenzaprine 10%-Tramadol 10% 15gm and 60 gm topical cream was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 10%/Tramadol 10% 15gm (DOS 07/02/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with cervical spine pain radiating into both arms and lumbar spine pain radiating into both legs. He also complains of pain over the right sacroiliac joint radiating down both legs and more intense on the right leg than the left leg. The request is for retrospective Cyclobenzaprine 10%/Tramadol 10% 15GM (DOS 07/02/15). The request for authorization is not provided. Patient's diagnoses include cervical discopathy with disc displacement; lumbar discopathy with disc displacement and stenosis; right sacroiliac arthropathy. Physical examination of the cervical spine reveals tenderness to palpation over the cervical paraspinal musculature. Decreased range of motion secondary to pain and stiffness. Exam of lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature. Decreased range of motion secondary to pain and stiffness. Straight leg raise is positive. There is right sacroiliac joint tenderness. FABERE and Patrick's signs are positive on the right. Sensation is diminished to light touch and pinprick at the right L5 and S1 dermatomal distribution. Medications and compound creams are helpful in alleviating some of the pain. Patient's medications include Fexmid, Cyclobenzaprine, Ultram, Nalfon, Prilosec, Norco, Restoril, and Compound Creams. Per progress report dated 03/23/15, the patient is to remain off-work. MTUS has the following regarding topical creams, Chronic Pain Section, p 111: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 03/23/15, treater's reason for the request is "for symptomatic relief of his pain." Review of provided medical records show the patient was prescribed Cyclobenzaprine 10% / Tramadol 10% 15gm topical cream on 02/21/15. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine and Tramadol, which is not supported for topical use. Therefore, the request WAS NOT medically necessary.

Retrospective 60gm Topical cream (DOS 7/2/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with cervical spine pain radiating into both arms and lumbar spine pain radiating into both legs. He also complains of pain over the right sacroiliac joint radiating down both legs and more intense on the right leg than the left leg. The request is for retrospective 60gm topical cream (DOS 7/2/15). The request for authorization is not provided. Patient's diagnoses include cervical discopathy with disc displacement; lumbar discopathy with disc displacement and stenosis; right sacroiliac arthropathy. Physical examination of the cervical spine reveals tenderness to palpation over the cervical paraspinal musculature. Decreased range of motion secondary to pain and stiffness. Exam of lumbar spine reveals tenderness to palpation over the lumbar paraspinal musculature. Decreased range of motion secondary to pain and stiffness. Straight leg raise is positive. There is right sacroiliac joint tenderness. FABERE and Patrick's signs are positive on the right. Sensation is diminished to light touch and pinprick at the right L5 and S1 dermatomal distribution. Medications and compound creams are helpful in alleviating some of the pain. Patient's medications include Fexmid, Cyclobenzaprine, Ultram, Nalfon, Prilosec, Norco, Restoril, and Compound Creams. Per progress report dated 03/23/15, the patient is to remain off-work. MTUS has the following regarding topical creams, Chronic Pain Section, p 111: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 03/23/15, treater's reason for the request is "for symptomatic relief of his pain." Review of provided medical records show the patient was prescribed Cyclobenzaprine 10% / Tramadol 10% 60gm topical cream on 02/21/15. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine and Tramadol, which is not supported for topical use. Therefore, the request WAS NOT medically necessary.