

Case Number:	CM15-0196621		
Date Assigned:	10/12/2015	Date of Injury:	08/20/1999
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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 60 year old female, who sustained an industrial injury on August 20, 1999, incurring low back, knees and right shoulder injuries. She was diagnosed lumbar degenerative disc disease, right shoulder rotator cuff tear, and bilateral knee arthritis. Treatment included epidural steroid injection, physiotherapy, pain medications, muscle relaxants, proton pump inhibitor, and activity restrictions. She underwent a micro lumbar laminectomy and discectomy, right shoulder rotator cuff repair, bilateral carpal tunnel release and bilateral knee arthroscopies. Currently, the injured worker complained of persistent low back pain radiating into the left leg with numbness. She noted increased weakness and loss of strength in the lower back. She had loss of sensation into the lower extremities with consistent muscle spasms. The treatment plan that was requested for authorization on October 6, 2015, included prescriptions for Flur-Cyclo-Lido #60 and Cap-Menth-Camp #60. On September 15, 2015, a request for topical analgesic compound creams listed above was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible retro: Flur/Cyclo/Lido 10%/10%/5% #60: Upheld

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

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

Decision rationale: The current request is for POSSIBLE RETRO: FLUR/CYCLO/LIDO 10%/10%/5% #60. Treatment included epidural steroid injection, physiotherapy, pain medications, muscle relaxants, proton pump inhibitor, and activity restrictions. The patient's surgical history includes micro lumbar laminectomy and discectomy, right shoulder rotator cuff repair, bilateral carpal tunnel release and bilateral knee arthroscopies. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "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." "This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Under Lidocaine Indication: Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy - tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. Recommended for localized peripheral pain." MTUS Guidelines has the following under Other Muscle Relaxants: "There is no evidence for use of any other muscle relaxant as a topical product." MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per report 09/06/15, the patient presents with persistent low back pain radiating into the left leg with numbness. She noted increased weakness and loss of strength in the lower back. She had loss of sensation into the lower extremities with consistent muscle spasms. Treatment plan include topical analgesics. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis, but the treater does not specify where it is to be applied. MTUS guidelines do not support muscle relaxants such as Cyclobenzaprine in topical formulations, and Lidocaine is supported in a patch form only. Therefore, this request IS NOT medically necessary.

Possible retro: Cap/Menth/Camp 0.05%/5%/5% gm #60: Upheld

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

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

Decision rationale: The current request is for POSSIBLE RETRO: CAP/MENTH/CAMP 0.05%/5%/5% GM #60. Treatment included epidural steroid injection, physiotherapy, pain medications, muscle relaxants, proton pump inhibitor, and activity restrictions. The patient's surgical history include micro lumbar laminectomy and discectomy, right shoulder rotator cuff repair, bilateral carpal tunnel release and bilateral knee arthroscopies. The patient is not

working. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111, Topical Analgesic section has the following: Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide and further efficacy. MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per report 09/06/15, the patient presents with persistent low back pain radiating into the left leg with numbness. She noted increased weakness and loss of strength in the lower back. She had loss of sensation into the lower extremities with consistent muscle spasms. Treatment plan include topical analgesics. MTUS page 111 states that if one of the compound topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Capsaicin at 0.05% which exceeds guideline's recommended of no more than 0.025%. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.