

Case Number:	CM15-0197504		
Date Assigned:	10/12/2015	Date of Injury:	05/19/2014
Decision Date:	12/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old female patient with a date of injury on 5-19-14. The diagnoses include lower back, right shoulder, right elbow, lumbosacral pain with sciatica, right and left knee and bilateral foot and ankle pain. Per the progress report dated 7-31-15, she had complaints of lower back pain and achiness. She reported no significant pain control from the facet block. The pain was getting worse. She was taking ibuprofen, which was causing stomach upset and inquired about a muscle relaxer or cream that may help. The physical examination revealed tenderness over the lumbar facet, decreased range of motion and pain with lateral bending and rotation. The medications list includes ibuprofen. The patient was prescribed Trans-dermal compound cream and Cyclobenzaprine. She has had lumbar spine MRI dated 7/8/14 and EMG/NCS dated 4/23/15, which revealed chronic left S1 radiculopathy. Treatments include: medication, physical therapy, chiropractic, massage, electrical stimulation, heat, lumbar epidural steroid injection and lumbar facet injection. Request for authorization dated 7-31-15 was made for Trans-dermal compound cream with Flurobiprofen 15 percent, Baclofen 2 percent, Cyclobenzaprine 2 percent, Gabapentin 6 percent, Lidoderm 2.5 percent and Cyclophenzaprine 7.5 mg quantity 90. Utilization review dated 9-10-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal compound cream with flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6% and Lidocaine 2.5%: 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: Flurbiprofen is an NSAID, Gabapentin is an anticonvulsant, cyclobenzaprine and baclofen are muscle relaxants. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs-There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. 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). Non-neuropathic pain: Not recommended. Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than NSAIDs) is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin, Cyclobenzaprine and baclofen are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Transdermal compound cream with flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6% and Lidoderm 2.5 percent is not fully established for this patient. The request is not medically necessary.

Cyclobenzaprine 7.5 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain." According to the records provided the patient had chronic low back pain. She has significant objective findings on the physical exam- tenderness over the lumbar facet, decreased range of motion and pain with lateral bending and rotation. According to the cited guidelines Cyclobenzaprine is recommended for short term therapy. Short term or prn use of Cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 7.5 mg #90 is medically necessary to use as prn during acute exacerbations.