

Case Number:	CM15-0198314		
Date Assigned:	10/13/2015	Date of Injury:	12/07/2011
Decision Date:	12/28/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/08/2015

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: Preventive Medicine, Occupational 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 45 year old female who sustained an industrial injury on December 07, 2011. The worker is being treated for: displacement of lumbar and cervical intervertebral disc without myelopathy; thoracic or lumbosacral neuritis or radiculitis, unspecified, cervical radiculopathy. Subjective: September 14, 2015, reported chief complaints of neck, arm, low back and leg pains. There is also complaint of severe muscle spasms into the hips and medication does not help. Medication: May 18, 2015: Norco, Flexeril, and Ibuprofen with note of Flexeril non-certified. June 17, 2015: Norco and Flexeril discontinued and Nucynta initiated. July 20, 2015 noted discontinuing Flexeril form regimen. August 17, 2015, September 14, 2015: Zofran, Robaxin, Nucynta, And Ibuprofen with note of initiating a topical cream for hip pain. Diagnostic: EMG NCS, MRI December 05, 2014. Treatment: April 17, 2015 administration of injection, September 14, 2015 there is note of pending cervical epidural injection, medications, physical therapy, chiropractic care, October 2014 bilateral lumbar transforaminal epidural injection. On September 14, 2015 a request was made for Naproxen cream 10% 240GM, Lidocaine cream 5% 240GM, Baclofen cream 1% 240GM, Amitriptyline kit 2% 240GM, Flexeril cream 5% 240GM, and Synvexia pad 4 1% 60mg which were noncertified by Utilization Review on September 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen cream 10% x 240: 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 MTUS states that topical analgesics are 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. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Naproxen cream 10% x 240 is not medically necessary.

Lidocaine cream 5% x 240: 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 MTUS recommends lidocaine patches only for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine cream 5% x 240 is not medically necessary.

Baclofen cream 1% x 240: 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: Baclofen is not recommended by the MTUS. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Baclofen cream 1% x 240 is not medically necessary.

Amitriptyline kit 2% x 240: 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Amitriptyline kit 2% x 240 is not medically necessary.

Cyclobenzaprine cream 5% x 240: 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 MTUS states that topical analgesics are 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. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine cream 5% x 240 is not medically necessary.

Synvexia pad 4-1% x 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: Synvexia is a Lidocaine 4% and Menthol 1% Pad that is a topical anesthetic. The MTUS recommends lidocaine patches only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Synvexia pad 4-1% x 60 is not medically necessary.