

Case Number:	CM15-0199722		
Date Assigned:	10/14/2015	Date of Injury:	12/11/2006
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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 66 year old male who sustained an industrial injury on 12-11-06. A review of the medical records indicates he is undergoing treatment for lumbar post-surgical syndrome, lumbar facet joint pain, sacroiliac joint pain, lumbar neuralgia, cervicalgia, cervical neuralgia, chronic pain syndrome, and opioid dependence. Medical records (8-20-15) indicate complaints of lumbar spine pain radiating into the bilateral buttocks and upper thighs. He rates the pain "7 out of 10". The physical exam reveals "reduced" range of motion of the cervical spine. Spasm is noted in the paravertebral muscles of the lumbar spine. The bilateral sacroiliac joints are "mildly tender". Lumbar range of motion is noted to be "30% reduced with pain". The straight leg raise is negative bilaterally. The record indicates that he had lumbar spine surgery on 9-13-07. He has also undergone 2 spinal cord stimulator trials and "did not tolerate the feeling of the stimulation". The treating provider indicates that he is "on stable medication management". The request for authorization (9-2-15) includes "topical creams", "3 creams" 20%, 30 gram jars. The injured worker has been receiving "Cyclobenzaprine 10% cream, 30 grams, and Flurbiprofen 20% cream, 30 grams" since at least 5-28-10. The utilization review (9-28-15) indicates a request for authorization of Cyclobenzaprine 20%-Flurbiprofen 20%-Gabapentin 20%, 30 grams. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 20%, Flurbiprofen 20%, Gabapentin 20% 30grams: 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 Cyclobenzaprine 20%, Flurbiprofen 20%, Gabapentin 20% 30 grams. Treatment history include lumbar surgery (2007), spinal cord stimulator, physical therapy and medications. The patient's work status is not provided. MTUS, Topical Analgesics section, page 111 has the following: 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. MTUS further states, 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 report 08/20/15, the patient presents with chronic neck and lumbar spine pain radiating into the bilateral buttocks and upper thighs. The physical examination revealed reduced range of motion of the cervical spine. Spasm is noted in the paravertebral muscles of the lumbar spine. Range of motion in the lumbar spine is noted to be 30% reduced with pain. The treater indicates that the patient is stable on medication. This is a request for a refill of medications including a topical analgesic cream that contains Cyclobenzaprine 20%, Flurbiprofen 20%, Gabapentin 20% 30grams. Cyclobenzaprine and Gabapentin are not supported by the guidelines for topical use. In addition, the use of Flurbiprofen for the patient's neck and lower back pain is not indicated, per MTUS. MTUS guidelines page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain. Therefore, the request is not medically necessary.