

Case Number:	CM15-0201980		
Date Assigned:	10/16/2015	Date of Injury:	02/07/2012
Decision Date:	12/04/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 50 year old male who sustained an industrial injury on 2-7-12. The medical records indicate that the injured worker is being treated for left ankle deltoid ligament injury; history of fracture of the left fibula at the ankle; musculoliagamentous sprain of the lumbar spine with lower extremity radiculitis; musculoliagamentous sprain of the cervical spine, chronic; tendinitis right shoulder with possible other internal derangement; disc bulge C2-3, C4- 5, C5-6, C6-7; disc bulge L5-S1. He currently (9-14-15) complains of intermittent neck pain; intermittent low back pain with occasional numbness and tingling; constant left ankle pain; right shoulder pain that has worsened and with limited range of motion. Treatments to date include medications: tramadol-acetaminophen, ibuprofen, omeprazole; flurbiprofen, cyclobenzaprine, menthol cream 20%, 10%, 4% with temporary relief. The request for authorization was not present. On 9-24-15 Utilization Review non-certified the request for flurbiprofen, cyclobenzaprine, menthol cream 20%, 10%, 4% in 180 grams with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen Cyclobenzaprine, Menthol cream, 20%/10%/4% in 180gm with 3 refills:
 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: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [besides baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence- based recommendations regarding the topical application of tramadol, menthol or camphor. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since several components are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Because topical cyclobenzaprine is not indicated, the compound is not recommended. This request is not medically necessary.