

Case Number:	CM15-0205094		
Date Assigned:	10/22/2015	Date of Injury:	06/03/2004
Decision Date:	12/03/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/19/2015

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: Arizona, 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:

The injured worker is a 57 year old male who sustained an industrial injury on June 3, 2004. Medical records indicated that the injured worker was treated for lower back pain. His medical diagnoses include chronic lower back pain and degenerative lumbar disc disease. In the provider notes dated October 8, 2015 stated "he is having problems with his lower back. He is being followed for his pain meds." "Here for his pain medications." On exam, the documentation stated that there was slightly "decreased lumbar lordosis but better than before. Tenderness still at left quadratus lumborum but now no taut bands felt." There was normal pelvic flexion and extension, normal sensation and equal dorsiflexion and plantarflexion strength. He is working full time with no restrictions. The treatment plan is to refill medications. Previous treatments included medications, home exercise program, deep icing, epidural injections and physical therapy. A Request for Authorization was submitted for retrospective cyclobenzaprine cream 10% 30 grams, gabapentin cream 10% 30 grams and Flurbiprofen cream 20% 30 grams. The Utilization Review dated October 19, 2015 denied the request for retrospective cyclobenzaprine cream 10% 30 grams, gabapentin cream 10% 30 grams and Flurbiprofen cream 20% 30 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine and Gabapentin cream to affected area 4 times daily 30 grams RX 10/8/15 #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. In this case, the claimant was on this as well as other topical medications for several months. Long-term use is not indicated. The claimant remained on oral opioids as well. Since the compound above contains these topical medications without justified length of use and lack of evidence, the Cyclobenzaprine and Gabapentin cream is not medically necessary.

Flurbiprofen cream to affected area 4 times daily 30 grams RX 10/8/15 #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: According to the MTUS guidelines, 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. Any compound that contains a medication that is not recommended is not recommended. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. The claimant was on this as well as other topical medications for several months. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The Flurbiprofen is not medically necessary.