

Case Number:	CM15-0207628		
Date Assigned:	10/26/2015	Date of Injury:	02/18/2000
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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 50-year-old male, who sustained an industrial injury on 02-18-2000. A review of the medical records indicates that the worker is undergoing treatment for cervical disc degeneration, thoracic and lumbar disc displacement, myofascial pain disorder, carpal tunnel syndrome and right knee and ankle sprain and strain. Treatment has included Cyclobenzaprine (since at least 2014), Nucynta, Lyrica, Motrin, Flurbiprofen-Lidocaine cream (since at least 2014), Cyclobenzaprine-Lidocaine cream (since at least 2014), cervical traction, physical therapy and a home exercise program. Subjective complaints (05-28-2015, 07-30-2015 and 09-24-2015) included episodes of flare up of neck and shoulder pain and progressively worsening left hip pain. Pain ratings were not provided and there was no documentation of the effectiveness of topical creams or Flexeril at alleviating pain and no documentation of objective functional improvement with use. There was no documentation of intolerance to oral pain medication. Objective findings (05-28-2015, 07-30-2015 and 09-24-2015) included poor tolerance with hyperextension, pain on the right side with Spurling's maneuver, diffuse tenderness to palpation of the cervical paraspinals and left shoulder blade area, tenderness to palpation of the left greater trochanter and diminished pinprick sensation in the ulnar side of the left hand. Treatment plan included refills of topical analgesics and Cyclobenzaprine. A utilization review dated 10-01-2015 requests for compounded Flurbiprofen 20%-Lidocaine 5% (grams) #4, compounded Cyclobenzaprine 10%-Lidocaine 2% (grams) #4 and Flexeril 10 mg #50.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Flurbiprofen 20%/Lidocaine 5% (grams) #4: 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for compounded Flurbiprofen 20%/Lidocaine 5% (grams) #4 is determined to not be medically necessary.

Compounded Cyclobenzaprine 10%/Lidocaine 2% (grams) #4: 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): Cyclobenzaprine (Flexeril), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for compounded Cyclobenzaprine 10%/Lidocaine 2% (grams) #4 is determined to not be medically necessary.

Flexeril 10mg #50: Upheld

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), Topical Analgesics.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, this medication has been prescribed since 2014, which is not recommended by the guidelines. There is no evidence of acute spasm on physical examination. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 10mg #50 is determined to not be medically necessary.