

Case Number:	CM15-0209021		
Date Assigned:	10/28/2015	Date of Injury:	09/13/2001
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/23/2015

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: Montana

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 76-year-old male sales manager who suffered an industrial injury on 9-13-2001. The diagnoses included post-laminotomy pain syndrome, lumbar fusion, and chronic left lumbar radiculitis. On 8-19-2015 the provider reported increased low back pain with radiation to the lower extremities. On exam there was an altered gait and used a cane for mobility. There was tenderness and decreased range of motion to the lumbar spine along with a positive straight leg raise with decreased strength in the lower extremities. The provider ordered the topical requested treatment on 8-19-2015 noting "the injured worker would like topical pain relief." The medical record did not include a comprehensive pain assessment with pain levels with and without medication. Prior treatments included Percocet and Norco. Request for Authorization date was 9-30-2015. Utilization Review on 10-8-2015 determined non-certification for Topical compound cream; Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Cyclobenzaprine 4%, and Hyaluronic Acid 0.2% \$120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound cream; Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Cyclobenzaprine 4%, and Hyaluronic Acid 0.2% \$120 grams: 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, in the ACOEM guidelines, states that, for initial treatment, topical medications are not recommended. The Chronic Pain Medical Treatment Guidelines note 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. This topical analgesic contains flurbiprofen, which is a non-steroidal anti-inflammatory medication (NSAID). The MTUS states that topical non-steroidal anti-inflammatory agents have not been shown to be effective in long-term studies. Topical non-steroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials 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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) 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). Voltaren Gel 1% (Diclofenac): 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. Topical treatment can result in blood concentrations and systemic effects comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000) Lidocaine Indication: Neuropathic pain; Recommended 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The MTUS states that there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxants as a topical product. The MTUS does not recommend use of topical hyaluronic acid or menthol. It states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request for Flurbiprofen 20%, Lidocaine 5%, Menthol 5%, Cyclobenzaprine 4%, and Hyaluronic Acid 0.2% \$120 grams is not supported by the MTUS and is not medically necessary.