

Case Number:	CM15-0024093		
Date Assigned:	02/13/2015	Date of Injury:	02/13/2013
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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, Arizona

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 46-year-old male who reported an injury on 02/13/2013. The diagnoses included thoracic/lumbosacral neuritis or radiculitis unspecified and lumbar sprain/strain. Diagnostic studies included an MRI of the left wrist, left knee, left hand, left wrist with flexion and extension, left shoulder, cervical spine with flexion and extension, lumbar spine with and without load bearing, and x-rays of the orbits. Documentation of 11/19/2014 revealed that the injured worker complained of upper back, left shoulder, left wrist, low back, and left knee pain. The mechanism of injury was the injured worker was cleaning a loaded pallet and he turned and stumbled on the corner of another pallet. The injured worker underwent the use of medications and conservative care. The surgeries were stated to be none. The current medications were stated to be unknown. The physical examination revealed the injured worker had tenderness to palpation and spasms of the left suboccipitals and left trapezius muscles. The injured worker had decreased range of motion in the cervical spine. The strength was 2+/5. The injured worker had tenderness to palpation with spasms of the lumbar paraspinals and the thoracolumbar spine. The injured worker had decreased range of motion of the thoracolumbar spine. The injured worker had a positive sitting root and straight leg raise test at 45 degrees bilaterally. The injured worker had tenderness to palpation with spasms of the left upper trapezius muscles and tenderness to palpation of the left acromioclavicular joint and decreased range of motion of the left shoulder. The injured worker had a positive impingement, apprehension sign, and empty can test. The strength was 2+/5. The injured worker had tenderness to palpation of the carpal bones and left wrist. The injured worker had decreased range of motion. The strength was 2+/5. The injured

worker had a positive McMurray's and crepitus in the left knee. The injured worker had tenderness to palpation of the left lateral knee. The treatment plan included chiropractic treatment and cyclobenzaprine 7.5 mg #30 and ibuprofen 600 mg and transdermal compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% / Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical analgesics; Cyclobenzaprine Page(s): 72; 111; 41.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide documentation of an antidepressant and anticonvulsant. There was a lack of documentation indicating a necessity for both a topical and oral form of cyclobenzaprine and an NSAID. There was a lack of documentation indicating a necessity for 2 topical NSAIDs and 1 oral NSAID. The request as submitted failed to indicate the body part to be treated and the frequency. Given the above, the request for cyclobenzaprine 2% / flurbiprofen 25% 180gm is not medically necessary.

Capsaicin 0.25% / Flurbiprofen 15% / Gabapentin 10% / Menthol 2% / Camphor 2% 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical analgesics; Topical Capsaicin; Salicylates Topicals; Gabapentin Page(s): 72 and 112; 111; 28; 105; 113.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin is not recommended as there is no peer reviewed literature to support topical use. California Medical Treatment Utilization Schedule Guidelines recommend Topical Salicylates. Methyl Salicylate 4% is one of the ingredients of this compound. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for 2 forms of medication with NSAIDs and 2 topicals including NSAIDs. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for capsaicin 0.25% / flurbiprofen 15% / gabapentin 10% / menthol 2% / camphor 2% 180gms is not medically necessary.