

Case Number:	CM15-0211114		
Date Assigned:	10/29/2015	Date of Injury:	12/09/2010
Decision Date:	12/10/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/27/2015

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: North Carolina

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 53-year-old female, with a reported date of injury of 12-09-2010. The diagnoses include C5-6 disc herniation, bilateral shoulder impingement syndrome, lumbar sprain and strain, cervical spine discopathy at C4-5 and C5-6 with canal stenosis and left radiculopathy, lumbar spine discopathy, left shoulder pain referral, right knee instability, and carpal tunnel syndrome. The progress report dated 09-17-2015 indicates that the injured worker had ongoing, persistent pain to her neck, back, and in her upper extremities. She rated her neck pain 7 out of 10; her back pain 8 out of 10; her shoulder pain 7 out of 10; and the pain in her hands 7 out of 10. It was noted that physical therapy had increased the pain to her left shoulder. The injured worker reported worsening of her wrist pain with increased numbness into her hands with pain to the forearms as well. She also complained of bilateral leg pain, which she rated 7 out of 10. The rating of the injured worker's pain was not documented in the progress report dated 04-03-2015. The objective findings included no acute distress; an antalgic gait; inability to heel and toe walk without loss of balance; midline bilateral paracervical tenderness; trapezius spasm into the upper scapular and thoracic spine with pain radiating to the left shoulder; mild crepitus in the acromioclavicular joint; tenderness in the bilateral wrist radiating to the volar aspect of the forearms and to the extensor muscles; tenderness of the lumbar spine; spasm and tightness in the paralumbar musculature; reduced range of motion of the lumbar spine; spasm in the lumbar spine on 20 degrees; lumbar extension at 10 degrees; left and right lateral bending of the lumbar spine at 15 degrees; and mild decreased sensation in the L5 dermatome in the left leg. It was noted that the injured worker was not working and remained permanent and stationary. The diagnostic

studies to date have included a urine drug screen on 04-03-2015 with inconsistent findings for hydrocodone; and a urine drug screen on 09-17-2015 with inconsistent findings for hydrocodone. Treatments and evaluation to date have included Ibuprofen, Tylenol, Flexeril, Norco, two physical therapy visits, acupuncture therapy ("without significant benefit"), and chiropractic treatment. The request for authorization was dated 09-17-2015. The treating physician requested Flexeril 10mg #60 with one refill and topical Flurbiprofen 10%-Gabapentin 10% - Capsaicin 0.025%-Camphor 2%-Menthol 2% 180 grams for symptomatic relief. The injured worker was to apply 1-2 grams of the topical cream to the affected area 3 to 4 times daily for joint pain and inflammation. On 10-06-2015, Utilization Review (UR) non-certified the request for Flexeril 10mg #60 with one refill and topical Flurbiprofen 10%-Gabapentin 10%-Capsaicin 0.025%-Camphor 2%-Menthol 2% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg one BID prn #60 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back and neck pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

Topical Flurbiprofen/Gabapentin/Capsaicin/Camphor/Menthol 180gm; 10%, 10%, 0.025%, 2%, 2%; Apply 1-2gm to affected area 3-4 times daily or as instructed by Physician: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.