MAXIMUS Federal Services

Case Number:	CM15-0219222		
Date Assigned:	11/12/2015	Date of Injury:	09/13/2012
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/06/2015

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: 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 57 year old female, who sustained an industrial injury on 9-13-12. The injured worker has complaints of intermittent pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. The injured worker continues to have persistent pain of the foot and ankle. Cervical spine examination revealed there is pain with terminal motion. Right shoulder examination there is tenderness around the anterior glenohumeral region and subacromial space. Cervical spine X-rays reveal no implant failure, good position and alignment noted. The diagnoses have included cervicalgia and disc disorder cervical. Treatment to date has included injections; C3-7 hybrid, C3-C4, Cervical Total Disc Replacement (CTDR), C4-C7 anterior cervical discectomy and fusion (ACDF) with fusion. The original utilization review (10-9-15) non-certified the request for flurbiprofen 20 percent, cyclobenzaprine 4 percent, lidocaine 5 percent 240 grams 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20 Percent, Cyclobenzaprine 4 Percent, Lidocaine 5 Percent 240 grams 30 Days: 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 current request is for Flurbiprofen 20 Percent, Cyclobenzaprine 4 Percent, Lidocaine 5 Percent 240 grams 30 Days. The RFA is dated 09/21/15. Treatment to date has included cervical injections, Cervical Total Disc Replacement (CTDR), C4-C7 anterior cervical discectomy and fusion (ACDF) with fusion, physical therapy, and medications. The patient may return to full duty. MTUS Chronic Pain Medical Treatment Guidelines 2009, Topical Analgesics section, under Non-steroidal antinflammatory agents, page 111-112 has the following: "The efficacy in clinical trials for this treatment modality has been inconsistent 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...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." For Topical Lidocaine, in the formulation of a dermal patch (Lidoderm), it 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... Other Muscle Relaxants: "There is no evidence for use of any other muscle relaxant as a topical product." Per report 09/21/15, the patient presents with continued neck and right foot and ankle pain. Examination of the right ankle/foot revealed tenderness at the right Achilles tendon with protuberant of the posterior aspect of the calcaneal. There is limited range of motion, and swelling noted. Request was made for medications, include a topical compound cream that includes Flurbiprofen, cyclobenzaprine, and lidocaine. The use of a topical NSAID for the patient's ankle pain is supported by MTUS; however, Cyclobenzaprine is not supported in any topical formulation and Lidocaine is only supported in a patch form. MTUS Guidelines, under the Topical Analgesics section, page 111 states that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request IS NOT medically necessary.