

Case Number:	CM15-0224765		
Date Assigned:	11/23/2015	Date of Injury:	05/21/2013
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/16/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 47 year old male, who sustained an industrial injury on May 21, 2013. The injured worker was currently diagnosed as having chronic pain syndrome, lumbar-thoracic radiculopathy, sciatica and lumbar post-laminectomy syndrome. On September 22, 2015, the injured worker complained of lower back pain described as dull, aching, sharp and stabbing. The pain was noted to go down his right leg. He rated his pain as a 7 on a 0-10 pain scale. Physical examination revealed lumbar paraspinal tenderness and lumbar facet tenderness at L4-S1. There was positive lumbar facet loading maneuvers and straight leg raise tests bilaterally. Medications indicated in the report included Pantoprazole, Gabapentin and Tramadol. He was noted to have failed multiple conservative therapies including physical therapy, NSAID, TENS and various medications. The treatment plan included percutaneous electrical stimulation of targeted peripheral nerves. A request was made for Flurbiprofen 20% cream 30 gm (Flurbiprofen 6 gm, Lidocaine 1.5 gm, Versapro base cream 22.5 gm), Gabapentin 10% cream 30 gm (Gabapentin powder 3 mg, Amitriptyline 1.5 gm, Capsaicin 0.0075 gm, Cersapro base cream 25.49 gm) and Cyclobenzaprine 10% cream 30 gm (Cyclobenzaprine powder 3 gm, Lidocaine 0.6 gm, Versapro base cream 26.4 gm). On October 19, 2015, utilization review denied a request for Flurbiprofen 20% cream 30 gm (Flurbiprofen 6 gm, Lidocaine 1.5 gm, Versapro base cream 22.5 gm), Gabapentin 10% cream 30 gm (Gabapentin powder 3 mg, Amitriptyline 1.5 gm, Capsaicin 0.0075 gm, Cersapro base cream 25.49 gm) and Cyclobenzaprine 10% cream 30 gm (Cyclobenzaprine powder 3 gm, Lidocaine 0.6 gm, Versapro base cream 26.4 gm).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream 30 gm (Flurbiprofen 6 gm, Lidocaine 1.5 gm ,Versapro base cream 22.5 gm): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. As such, the request for Flurbiprofen 20% cream 30 gm is deemed not medically necessary.

Gabapentin 10% cream 30 gm (Gabapentin powder 3 mg, Amitriptyline 1.5 gm ,Capsaicin 0.0075 gm, Cersapro base cream 25.49 gm): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Gabapentin 10% cream 30 gm is deemed not medically necessary.

Cyclobenzaprine 10% cream 30 gm (Cyclobenzaprine powder 3 gm, Lidocaine 0.6 gm, Versapro base cream 26.4 gm): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Cyclobenzaprine 10% cream 30 gm is deemed not medically necessary.