

Case Number:	CM15-0033239		
Date Assigned:	02/26/2015	Date of Injury:	01/22/2014
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/23/2015

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: Arizona, California 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 45-year-old male, with a reported date of injury of 01/22/2014. The diagnoses include headaches, abdominal pain, lumbar spine herniated nucleus pulposus, lumbar radiculopathy, bilateral knee sprain/strain, and bilateral hip sprain/strain. Treatments have included oral medications and shockwave therapy for the bilateral knees. The progress report dated 12/2014 indicates that the injured worker complained of headaches, stomach pain and discomfort, sharp low back pain, rated 8-9 out of 10, burning bilateral hip pain, rated 8-9 out of 10, and burning bilateral knee pain, rated 8-9 out of 10. The objective findings include tenderness to palpation of the lumbar paraspinal muscles and over the lumbosacral junction, sciatic notch tenderness, decreased lumbar range of motion, tenderness to palpation to the bilateral hamstrings and greater trochanters, decreased bilateral hip range of motion, tenderness to palpation over the medial and lateral joint line and to the bilateral patellofemoral joint, decreased bilateral knee range of motion, and slightly decreased sensation at the bilateral L4-S1 dermatomes. The treating physician requested Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180 grams; and Cyclobenzaprine 2%/Flurbiprofen 25% 180 grams. The rationale for the request was not indicated. On 01/21/2015, Utilization Review (UR) denied the request for Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180 grams; and Cyclobenzaprine 2%/Flurbiprofen 25% 180 grams, noting that there was no evidence for use of any muscle relaxant as a topical product, and there are no topical preparations of Flurbiprofen or cyclobenzaprine certified by the FDA. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Capsaicin 0.025%, Flurbiprofen 1.5%, Gabapentin 10%, Menthol 2%, Camphor 2% 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 topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Gabapentin are not recommended due to lack of evidence. Since the compound above contains Gabapentin, the compound in question is not medically necessary.

Compound medication: Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Since the compound above contains Cyclobenzaprine, the compound in question is not medically necessary.