MAXIMUS Federal Services

Case Number:	CM15-0036019		
Date Assigned:	03/04/2015	Date of Injury:	08/06/1987
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old female, who sustained an industrial injury on 08/06/1987. She reported neck, shoulder, and headache pain. The injured worker was diagnosed as having cervical degenerative disc disease, cervical radiculitis, occipital neuralgia, and chronic migraine headache. Treatment to date has included medications, injections, massage therapy, physical therapy, and surgical intervention. Medications have included Ibuprofen, Ativan, Toradol, and compounded topical cream. On 01/15/2015, the treating provider documented a follow-up visit with the injured worker. Currently, the injured worker complains of daily migraines which starts as posterior pain then radiates to the anterior region; pain in the neck, periscapular region, shoulders, and head; pain is associated with diffuse muscle spasm in the cervical-thoracic region; not using opioids as this time; Botox injections, as well as the combination of the Toradol injection and the topical compound cream was much more effective than the Toradol alone. Objective findings included significant diffuse tenderness in the occipital and cervical region bilaterally; cervical spine spasm, trapezius tenderness, and bilateral trigger points noted. The treating provider's plan of care-included physical therapy for the cervical spine, ongoing psychological treatment, and compounded topical analgesic as it has been helpful. Request is being made for Flurbipro/Cyclobenz/Gabapenti/Lidocaine/Prilo compound three-day supply, quantity 60 with 99 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbipro/Cyclobenz/Gabapenti/Lidocaine/Prilo compound three day supply, quantity 60 with 99 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a history of a work-related injury nearly 30 years ago and is being treated for chronic neck and shoulder pain and headaches. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.