

Case Number:	CM15-0036324		
Date Assigned:	03/04/2015	Date of Injury:	08/10/2011
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 54 year old female with an industrial injury dated August 10, 2011. The injured worker diagnoses include cervical spondylosis without myelopathy, cervical degenerative disc disease, cervical stenosis, and cervical herniated disc. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, cervical epidural injection, and periodic follow up visits. According to the progress note dated 1/9/2015, the injured worker presented for follow up visit for chronic neck pain. Cervical spine exam revealed moderate tenderness in the right lateral neck and trapezius. The injured worker's strength and tone and cervical range of motion were limited due to guarding and pain. Foraminal compression/ Spurling's test and Reverse Spurling's Sign were positive. The treating physician prescribed a retrospective request for one prescription of Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin .025% cream dispensed on 1/09/15 and retrospective request for one prescription of Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, and Camphor 1% cream dispensed on 1/09/15. Utilization Review determination on January 28, 2015, denied the retrospective request for one prescription of Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin .025% cream dispensed on 1/09/15 and one prescription of Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, and Camphor 1% cream dispensed on 1/09/15, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin .025% cream (DOS: 01/09/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Therefore, topical analgesic Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin .025% cream (DOS: 01/09/2015) is not medically necessary.

Retrospective: Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, and Camphor 1% cream (DOS: 01/09/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Tramadol cream as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above the Compounded medication: Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, and Camphor 1% cream (DOS: 01/09/2015) is not medically necessary.