

Case Number:	CM15-0043412		
Date Assigned:	03/13/2015	Date of Injury:	09/12/2012
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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 39 year old male, who sustained an industrial injury on 9/12/2012. He reported injury to his low back and bilateral hips, after being struck by a forklift. The injured worker was diagnosed as having lumbar disc displacement and stress. Treatment to date has included conservative measures. A magnetic resonance imaging of the lumbar spine, dated 1/07/2014, noted multiple disc protrusions and foraminal stenosis, and was unchanged from previous study in 6/2013. Electromyogram and nerve conduction studies of both lower extremities were noted on 2/25/2014, showing normal results. Dispensed prescriptions on 12/16/2014 included Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% and Cyclobenzaprine 2%/Flurbiprofen 25%. Both prescriptions noted instructions to apply a thin layer to affected area(s) three times daily for pain. Currently, the injured worker complains of low back pain and stiffness, rated 8/10, and bilateral hip pain, rated 8/10. Tenderness and spasm was noted in the lumbar paravertebral area, more on the left side, and over the left sciatic notch. Decreased range of motion was noted to the lumbar spine and straight leg raise test was positive on the left at 60 degrees. Sensation was decreased in the left medial calf/inner foot. Current medications were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 percent, Flubiprofen 25 percent 180 gm-apply 3 times/day prn for pain:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient has a date of injury of 09/12/12 and presents with low back pain and muscle spasms. The current request is for CYCLOBENZAPRINE 2 PERCENT FLURBIPROFEN 25 PERCENT 180 GM-APPLY 3TIMES/DAY PRN FOR PAIN. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he presents with low back pain and topical NSAID is approved for arthritis in the joints. Given the patient does not meet the indication for the use of a topical NSAID; the entire compounded cream is rendered invalid. This topical compound medication IS NOT medically necessary.

Capsaicin 0.025 percent, Flurbip 15 percent, Gaba 10 percent, Menthol2 percent, Camphor 2 percent -180 gm, 3 times/day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient has a date of injury of 09/12/12 and presents with low back pain and muscle spasms. The current request is for CAPSAICIN 0.025 PERCENT, FLURBI 15 PERCENT, GABA 10 PERCENT, MENTHOL 2 PERCENT, CAMPHOR 2 PERCENT-180GM, 3 TIMES/DAY. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he presents with low back pain and topical NSAID is approved for

arthritis in the joints. Furthermore, Gabapentin is not recommended in any topical formulation. This request IS NOT medically necessary.