

Case Number:	CM15-0048221		
Date Assigned:	03/20/2015	Date of Injury:	09/21/2013
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 65 year old male who sustained an industrial injury on 09/21/2013. He reported back and neck pain. The injured worker was diagnosed as having lumbar radiculitis, and a left rotator cuff tear. Treatment to date has included conservative treatment with anti-inflammatories and physical therapy. Currently, the injured worker complains of neck pain radiating to the left arm as well as low back pain radiating to the right hip. Treatment plan includes topical and oral pain medication. A request for authorization was made for Cyclobenzaprine 2 Percent, Flurbiprofen 25 Percent 180 Gram 3 Times A Day; and Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 Gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 Percent, Flurbiprofen 25 Percent 180 Gram 3 Times A Day: 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): 111-113.

Decision rationale: Cyclobenzaprine 2 Percent, Flurbiprofen 25 Percent 180 Gram 3 Times A Day is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine. Furthermore, the request does not specify a quantity. Therefore, the request for topical Medication Cyclobenzaprine 2%. Flurbiprofen 25% is not medically necessary.

Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topical Page(s): 111-113 and 105.

Decision rationale: Capsaicin .025 Percent, Flurbiprofen 15 Percent, Gabapentin 10 Percent, Menthol 2 Percent, Camphor 2 Percent 180 Gram is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines do not support Gabapentin as there is no peer-reviewed literature to support use. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although Menthol is not specifically addressed in the MTUS but both camphor menthol is present in Ben Gay, which is recommended by the MTUS. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate intolerance to oral medications and topical Gabapentin is not supported by the MTUS therefore, this request is not medically necessary.