

Case Number:	CM15-0052529		
Date Assigned:	04/29/2015	Date of Injury:	07/15/2000
Decision Date:	05/28/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51 year old male, who sustained an industrial injury on 07/15/2000. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRI, cervical fusion, and lumbar microdiscectomy. Currently, the injured worker complains of continued pain in the left neck with radiation to the back of the head resulting in headaches and radiating pain into the upper extremities with numbness and tingling, right hand pain and stiffness with numbness and tingling in all joints, and low back pain radiating down into both lower extremities with numbness and tingling. The injured worker was currently being treated with Fexmid, Nalfon, Paxil, Prilosec, Ultram ER, Norco, Ambien, Lorazepam, and 15gm & 60gm cyclobenzaprine 10% and tramadol 10% topical cream. The diagnoses include cervical discopathy with disc displacement, status post cervical fusion, cervical radiculopathy, lumbar discopathy with disc displacement, status post lumbar microdiscectomy, lumbar radiculopathy, and right carpal tunnel syndrome. The request for authorization consisted of the following denied topical analgesic medications: flurbiprofen 15gm and 60gm, 25% Menthol 10% Camphor 3% Capsaicin 0.0375% topical cream and cyclobenzaprine 15gm and 60 gm, 10% tramadol 10% topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15gm and 60gm, 25% Menthol 10% Camphor 3% Capsaicin 0.0375%:
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Flurbiprofen 15gm and 60gm, 25% Menthol 10% Camphor 3% Capsaicin 0.0375% is not medically necessary.

Cyclobenzaprine 15gm and 60 gm, 10% Tramadol 10% topical cream: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Cyclobenzaprine 15gm and 60 gm, 10% Tramadol 10% topical cream is not medically necessary.