

Case Number:	CM15-0058934		
Date Assigned:	04/03/2015	Date of Injury:	08/26/2013
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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 57-year-old female, who sustained an industrial injury on 08/26/2013 reporting neck pain, shoulder pain and back pain. On provider visit dated 01/21/2015 the injured worker has reported stabbing neck pain and stabbing low back pain. On examination of the decreased range of motion in cervical and lumbar spine area was noted and tenderness to palpation as well. Positive straight leg raise was noted bilaterally. The diagnoses have included cervical sprain/strain and lumbar radiculopathy. Treatment to date has included pain medication, laboratory studies, physical therapy, acupuncture, and chiropractic therapy. The provider requested topical cream for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin in cream base 30gm:
Upheld

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

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

Decision rationale: Based on the 02/25/15 progress report provided by treating physician, the patient presents with cervical and lumbar spine pain rated 7/10. The request is for FLURBIPROFEN/ BACLOFEN/ DEXAMETHASONEL/ MENTHOL/ CAMPHOR/ CAPSAICIN IN CREAM BASE 30GM. Patient's diagnosis per Request for Authorization form dated 01/21/15 includes cervicalgia, lumbago, thoracic/ lumbosacral neuritis/ radiculitis unspecified, sprains and strains of neck and lumbar. Treatment to date has included pain medication, laboratory studies, physical therapy, acupuncture, and chiropractic therapy. Patient medications include Naproxen, Norflex, Protonix, Tramadol and topicals. Patient is not working, per treater report dated 02/02/15. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use in lotion form, per MTUS. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.

Gabapentin/Cyclobenzaprine/Bupivacaine in cream base 210g: Upheld

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

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

Decision rationale: Based on the 02/25/15 progress report provided by treating physician, the patient presents with cervical and lumbar spine pain rated 7/10. The request is for GABAPENTIN/ CYCLOBENZAPRINE/ BUPIVACAINE IN CREAM BASE 210G. Patient's diagnosis per Request for Authorization form dated 01/21/15 includes cervicalgia, lumbago, thoracic/ lumbosacral neuritis/ radiculitis unspecified, sprains and strains of neck and lumbar. Treatment to date has included pain medication, laboratory studies, physical therapy, acupuncture, and chiropractic therapy. Patient medications include Naproxen, Norflex, Protonix, Tramadol and topicals. Patient is not working, per treater report dated 02/02/15. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment

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