

Case Number:	CM15-0058948		
Date Assigned:	04/03/2015	Date of Injury:	05/22/2014
Decision Date:	05/11/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/30/2015

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 51-year-old female, who sustained a work/ industrial injury on 5/22/14. She has reported initial symptoms of neck, back and bilateral knee pain. The injured worker was diagnosed as having cervical sprain/strain, lumbar sprain/strain, right and left knee sprain/strain. Treatments to date included medication and diagnostics. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 11/26/14, and 2/12/15, 2/19/15. Currently, the injured worker complains of frequent stabbing neck pain, rated 7/10 with heaviness and numbness; frequent, throbbing, burning back pain with heaviness, numbness, and tingling, rated 6/10; right knee had sharp pain rated 5/10, and left knee had sharp, stabbing pain rated 7/10. The treating physician's report (PR-2) from 1/7/15 indicated there was limited range of motion to the cervical spine, tenderness with palpation of the bilateral trapezii and cervical paravertebral muscles, muscle spasm of the bilateral trapezii and cervical paravertebral muscles. Spurling's is positive. The lumbar spine also had limited range of motion with tenderness to palpation of the bilateral SI joints and lumbar paravertebral muscles. There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. Straight leg raise (SLR) is positive. Left and right knees had positive McMurray's test with tenderness with palpation. Treatment plan included compound topical creams: (Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%) and (Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream 210grams 30 days supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113. Decision based on Non-MTUS Citation www.ncbi.nlm.gov.

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

Decision rationale: The patient presents on 01/07/15 with cervical spine pain rated 7/10 with associated "heaviness and numbness", lumbar spine pain rated 6/10, right knee pain rated 5/10, and left knee pain rated 7/10. The patient's date of injury is 05/22/14. Patient has no documented surgical history directed at this complaint. The request is for FLURBIPROFEN 20%, BACLOFEN 5%, DEXAMETHASONE 2%, CAPSAICIN 0.025% IN CREAM 210 GRAMS 30 DAYS SUPPLY. The RFA was not provided. Physical examination dated 01/07/15 reveals tenderness to palpation to the bilateral trapezii and cervical paraspinal muscles with reduced cervical range of motion in all planes and positive Spurling's test. Lumbar spine examination reveals tenderness to palpation of the bilateral SI joints and lumbar paraspinal muscles, with spasms noted of the bilateral gluteus muscles and positive straight leg raise on the right. Right knee examination reveals tenderness to palpation of the anterior, medial, and posterior aspects of the joint and positive McMurray's sign and reduced range of motion in all planes noted. Left knee examination reveals tenderness to palpation of the anterior, lateral, and posterior aspects with spasms and positive McMurray's sign noted. The patient is currently prescribed Oxycontin, Cyclobenzaprine, Protonix, and Gabapentin. Diagnostic imaging was not included. Per progress note dated 02/03/15, patient is advised to remain off work until 03/20/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regard to the request for a compounded cream containing Flurbiprofen, Baclofen, Dexamethasone, and Capsaicin, the cream contains ingredients which are not supported by guidelines as topical agents in this form. MTUS guidelines do not support the use of Baclofen as a topical agent. While this patient presents with several chronic pain complaints, MTUS guidelines specify that any topical compound which contains unsupported ingredients is not indicated. Therefore, the request IS NOT medically necessary.

Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine cream base 210 grams 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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

Decision rationale: The patient presents on 01/07/15 with cervical spine pain rated 7/10 with associated "heaviness and numbness", lumbar spine pain rated 6/10, right knee pain rated 5/10, and left knee pain rated 7/10. The patient's date of injury is 05/22/14. Patient has no documented surgical history directed at this complaint. The request is for GABAPENTIN 10%, CYCLOBENZAPRINE 6%, BUPIVICAINE CREAM BASE 210 GRAMS 30 DAY SUPPLY. The RFA was not provided. Physical examination dated 01/07/15 reveals tenderness to palpation to the bilateral trapezii and cervical paraspinal muscles with reduced cervical range of motion in all planes and positive Spurling's test. Lumbar spine examination reveals tenderness to palpation of the bilateral SI joints and lumbar paraspinal muscles, with spasms noted of the bilateral gluteus muscles and positive straight leg raise on the right. Right knee examination reveals tenderness to palpation of the anterior, medial, and posterior aspects of the joint and positive McMurray's sign and reduced range of motion in all planes noted. Left knee examination reveals tenderness to palpation of the anterior, lateral, and posterior aspects with spasms and positive McMurray's sign noted. The patient is currently prescribed Oxycontin, Cyclobenzaprine, Protonix, and Gabapentin. Diagnostic imaging was not included. Per progress note dated 02/03/15, patient is advised to remain off work until 03/20/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." In regard to the request for a compounded cream containing Gabapentin, Cyclobenzaprine, and Bupivacaine; the requested cream contains ingredients which are not supported by guidelines as topical agents. Neither Gabapentin, Cyclobenzaprine, nor Bupivacaine are approved by MTUS in topical formulations. Guidelines specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.