

Case Number:	CM15-0086787		
Date Assigned:	05/11/2015	Date of Injury:	04/11/2014
Decision Date:	06/23/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Family Practice

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 40 year old male who sustained an industrial injury on 4/11/14. The injured worker was diagnosed as having lumbar spine sprain/strain. Currently, the injured worker was with complaints of pain in the lumbar spine. Previous treatments included medication management, epidural blocks, physiotherapy, chiropractic treatments, and acupuncture treatment. Previous diagnostic studies included magnetic resonance imaging. The injured workers pain level was noted as 7/10 and described as "sharp, stabbing low back pain, heaviness and numbness". Physical examination was notable for tenderness to bilateral sacroiliac joints and lumbar paravertebral muscles. The plan of care was for medication prescriptions.

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 base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page 110-112 Page(s): Topical Analgesics page 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS guidelines state that 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. Baclofen is not supported in a topical formulation. The request for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 30gm is not medically necessary and appropriate.

Gabapentin 10%, Cycloclomazaprine 6%, Bupivacane in cream base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin, Other muscle relaxants Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics page 110-112 Page(s): Topical Analgesics page 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS guidelines state that gabapentin and muscle relaxants such as cycloclomazaprine are not recommended in a topical application. The request for Gabapentin 10%, Cycloclomazaprine 6%, Bupivacane in cream base 30gm is not medically necessary and appropriate.