

Case Number:	CM15-0089392		
Date Assigned:	05/13/2015	Date of Injury:	05/23/2014
Decision Date:	06/19/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female who sustained an industrial injury on 05/23/14. Initial complaints and diagnoses are not available. Treatments to date include medications and acupuncture. Diagnostic studies include electrodiagnostic studies, and a MRI of the lumbar spine. Current complaints include cervical and lumbar spine pain. Current diagnoses include cervical and lumbar sprain/strain. In a progress note dated 03/11/15 the treating provider reports the plan of care as medications including Norflex, Naproxen, Prilosec, and Gabapentin, as well as topical compounds including Flurbiprofen/Cyclobenzaprine/Lidocaine and Gabacyclotram. The requested treatments include Flurbiprofen/Cyclobenzaprine/Lidocaine and Gabacyclotram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Transdermal Cream: Flurbiprofen 20% Cyclobenzaprine 4% Lidocaine 55:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60 and 111-113.

Decision rationale: The claimant sustained a work-related injury in May 2014 and continues to be treated for chronic neck and low back pain. When seen, pain was rated at 6-7/10. There was decreased cervical and lumbar range of motion with cervical muscle spasms which had improved. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

Gabacyclotram (Gabapentin 10% Cyclobenzaprine 4% Tramadol 10%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60 and 111-113.

Decision rationale: The claimant sustained a work-related injury in May 2014 and continues to be treated for chronic neck and low back pain. When seen, pain was rated at 6-7/10. There was decreased cervical and lumbar range of motion with cervical muscle spasms which had improved. In terms of the compounded medication being prescribed, Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore the requested compounded medication was not medically necessary.