

Case Number:	CM14-0125134		
Date Assigned:	09/24/2014	Date of Injury:	09/12/2012
Decision Date:	10/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in General Preventive Medicine and is licensed to practice in Indiana. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This employee is a 38 year old male with date of injury of 9/12/2012. A review of the medical records indicates that the patient is undergoing treatment for lumbago, lumbar disc displacement, and lumbar radiculopathy. Subjective complaints include shooting pain down his back to his legs bilaterally at 7/10. Objective findings include decreased lumbar range of motion, and tenderness to palpation of the lumbar paraspinals, decreased motor strength of the right lower extremity; positive straight leg raise bilaterally. Treatment has included Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, and Flurbiprofen. The utilization review dated 8/13/2014 non-certified Cyclobenzaprine 2 Percent, Tramadol 10 Percent, Flurbiprofen 20 Percent 210gm and Flurbiprofen 20 Percent, Tramadol 15 Percent 210gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2 Percent, Tramadol 10 Percent, Flurbiprofen 20 Percent 210 gm apply thin layer 3x/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-127.

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 recommend 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." Regarding cyclobenzaprine (a muscle relaxant) in particular: MTUS states the following 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. Therefore, the request for Cyclobenzaprine 2 Percent, Tramadol 10 Percent, Flurbiprofen 20 Percent 210 gm apply thin layer 3x/day is not medically necessary.

Flurbiprofen 20 Percent, Tramadol 15 Percent 210gm apply thin layer to affected area 3x/day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-127.

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 recommend 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." Regarding Flurbiprofen (an NSAID) specifically, 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. Therefore, the request for Flurbiprofen 20 Percent, Tramadol 15 Percent 210gm apply thin layer to affected area 3x/day is not medically necessary.