

Case Number:	CM14-0131084		
Date Assigned:	08/20/2014	Date of Injury:	12/30/2009
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

The injured worker is a 41-year-old female, who reported an injury on 12/30/2009 due to an injury she sustained while working as a CNA. The injured worker had a history of neck and lower back pain. The injured worker had diagnoses of lumbago. Past surgical procedures included status post discectomy at the L4-5 and L5-S1, dated 04/21/2012. The past treatments included transcutaneous electrical nerve stimulation (TENS) unit, medication, home exercise program, psychologist. The physical examination of the lumbar spine, dated 05/22/2014, revealed positive muscle spasm to the translumbar region with a 13 cm scar on the midline lumbar. No swelling or deformity is noted. Patient has tenderness to the translumbar paraspinals and right buttock. Flexion to the lumbar region was 31 degrees/27 degrees, and extension was 16 degrees/14 degrees/16 degrees. The muscle strength to the back extensors and lateral flexors, hip flexors, extensors, and abductors muscles was within normal limits. The straight leg raising test was painful at 50 degrees bilaterally. Babinski sign was negative bilaterally. The treatment plan included compound creams and home exercise program. The Request for Authorization, dated 04/16/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound med Gabapentin 30%, Cyclobenzaprine 2%, Lidocaine 5% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The request for Compound med Cyclobenzaprine 2%, Gabapentin 30%, Lidocaine, 5% 180gm is not medically necessary. The California MTUS guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. As such, the request is not medically necessary.

Compound med Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180gm:
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 NSAID Page(s): 67, 68.

Decision rationale: The request for compound med Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180gm is not medically necessary. The California MTUS indicate that Non-steroidal anti-inflammatory agents have limited demonstrated efficacy in clinical trials and have been inconsistent with most studies being small and of short duration. They have been found in studies 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. However, again the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. The request is not medically necessary.