

Case Number:	CM14-0137807		
Date Assigned:	09/05/2014	Date of Injury:	07/22/2011
Decision Date:	10/31/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/26/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 patient is a 38 year old female who was injured on 7/22/2011. The diagnoses are low back pain and lumbar radiculopathy. The past surgery history is significant for lumbar laminectomy. The MRI showed degenerative disc disease, The EMG/NCS showed left S1 neuropathy. On 3/5/2014, [REDACTED] noted subjective complaints of 6/10 pain score on a scale of 0 to 10. There were objective findings of normal motor, reflexes and sensory test of the lower extremities. On 6/16/2014, [REDACTED] noted objective findings of positive straight leg raising and decreased sensation along the L5 and S1 dermatomes. A Utilization Review determination was rendered on 7/30/2014 recommending non certification for topical cyclobenzaprine/tramadol/Flurbiprofen and Tramadol/ Flurbiprofen/ Menthol/ Camphor/ Capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded cream (cyclobenzaprine 2%, tramadol 10%, flurbiprofen 20%) 180 gram: 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 NSAID Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and the ODG recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with NSAID, oral antidepressants or anticonvulsants. It is recommended that the medications be utilized and evaluated individually for efficacy. There is lack of FDA or guidelines support for the use of topical formulations of Tramadol or Cyclobenzaprine. The records did not show that the patient was diagnosed with localized neuropathy or that the patient failed treatment with first line medications. The patient is utilizing multiple NSAIDs with increased risk of NSAIDs induced side effects. The criteria for the use of Cyclobenzaprine 2%/Tramadol 10%/Flurbiprofen 20% 180gm has not been met therefore, this request is not medically necessary.

Topical compounded cream (capsaicin 0.025%, flurbiprofen 20%, tramadol 15%, menthol 2%, camphor 2%), qty unspecified: 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 NSAID Page(s): 111-113.

Decision rationale: The CA MTUS and the ODG recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with NSAID, oral antidepressants or anticonvulsants. It is recommended that the medications be utilized and evaluated individually for efficacy. There is lack of FDA or guidelines support for the use of topical formulations of Tramadol or Cyclobenzaprine. The records did not show that the patient was diagnosed with localized neuropathy or that the patient failed treatment with first line medications. The patient is utilizing multiple NSAIDs with increased risk of NSAIDs induced side effects. The criteria for the use of Cyclobenzaprine 2%/Tramadol 10%/Flurbiprofen 20% 180gm has not been met therefore, this request is not medically necessary.