

Case Number:	CM14-0161269		
Date Assigned:	10/06/2014	Date of Injury:	07/16/1998
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine, and is licensed to practice in Illinois. 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 43 year old male with a date of injury on 7/16/1998. He injured his back by lifting boxes of paper. There is also another date of injury of April 18, 2002. He had a laminectomy with multi-level fusions and is now diagnosed with post laminectomy syndrome with chronic back pain rated at 4/10. He is taking Voltaren oral and has been prescribed a number of topical creams. He has also been through physical therapy, acupuncture and chiropractic care. Urine drug testing on Aug 11, 2014 showed acetaminophen. There is no physical exam in the attached documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for 8/8/2014 - Flurbiprofen cream 20%: 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 Analgesics, Non-steroidal Antinflammatory Agents Page(s): 111.

Decision rationale: Topical non-steroidal anti-inflammatory drugs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other

joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder. Per the Medical Treatment Utilization Schedule, if one drug (or drug class) in the compounded product is not recommended then the entire compound is not recommended. Flurbiprofen cream is not addressed. Therefore, the request is not medically necessary.

Retrospective for 8/8/2014 - Cyclobenzaprine 10%, Gabapentin 10% cream: 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 Analgesics Page(s): 111-113.

Decision rationale: Although this worker has diffuse back pain, per the Medical Treatment Utilization Schedule, there is no evidence for use of any other muscle relaxant except Baclofen as a topical product. The medication-compound Cyclobenzaprine 10 %, Gabapentin 10 % is not medically necessary/ appropriate. There is no peer-reviewed literature to support its use. The Medical Treatment Utilization Schedule states that if one drug (or drug class) in the compounded product is not recommended then the entire compound is not recommended. Gabapentin is not recommended, as it is not addressed. Therefore, the request is not medically necessary.

Retrospective for 8/8/2014 -Tramadol 20% cream: 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 Analgesics Page(s): 111-113.

Decision rationale: Although this worker has diffuse back pain, per the Medical Treatment Utilization Schedule, there is no evidence for use of any other muscle relaxant except Baclofen as a topical product. The Medical Treatment Utilization Schedule states that if one drug (or drug class) in the compounded product is not recommended then the entire compound is not recommended. Tramadol cream is not addressed. Therefore, the request is not medically necessary.