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| Case Number: | CM14-0213096 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 12/09/2004 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a patient with a date of injury of 12/9/04. A utilization review determination dated 11/21/14 recommends non-certification/modification of topical medications. 11/19/14 medical report identifies pain in the neck and low back radiating to the extremities with numbness, tingling, and weakness. On exam, there is tenderness, positive Patrick (FABER), Gaenslen's, SI compression test, Yeoman's sign on the left, decreased sensation in all dermatomes bilaterally in the upper extremities and L4 and S1 in the lower extremities, 4/5 motor strength BUE in all muscle groups and BLE tibialis anterior, EHL, and gastrocnemius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5% 180gm: apply one to two grams tid to qid QTY: 1: 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 Page(s): 111-113.

Decision rationale: Regarding the request for flurbiprofen/baclofen/cyclobenzaprine/gabapentin/lidocaine, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "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 NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Flurbiprofen/baclofen/cyclobenzaprine/gabapentin/lidocaine is non-certified.

Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Tramadol 8%, Gabapentin 10%, Cyclobenzaprine 4%, 180gm: apply one to two grams tid to qid QTY: 1: 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 Page(s): 111-113.

Decision rationale: Regarding the request for capsaicin/menthol/camphor/tramadol/gabapentin/cyclobenzaprine, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested capsaicin/menthol/camphor/tramadol/gabapentin/cyclobenzaprine is non-certified.