

Case Number:	CM14-0215980		
Date Assigned:	01/06/2015	Date of Injury:	07/29/2003
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

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 63 year old male with a work related neck, back, and left shoulder injury dating 07/29/2003, 03/15/2004, and 04/13/2004 while working as a grounds maintenance worker. According to a primary physician's progress report dated 09/08/2014, the injured worker presented with complaints of neck, left shoulder, and low back pain. Diagnoses included cervical spine discopathy, left shoulder impingement, and lumbar spine discopathy. Treatments have consisted of injections and medications. No diagnostic testing was noted in received medical records. Work status is noted as retired. On 11/21/2014, Utilization Review non-certified the request for Pentylene Glycol Liquid/Ethoxy Diglycol 1.25% #3, Cyclobenzaprine powder/Lidocaine HCL powder 4%/5% #3, and Flurbiprofen Powder/Transdermal Pain Base 20%/68.5% #3 citing Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, there is no evidence to support use of any muscle relaxant as a topical product, and no commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. There is no documentation of failed trials of first line recommendations including oral antidepressants and anticonvulsants to support the need for using topical analgesics. Furthermore, there is no documentation that oral pain medications are insufficient to manage symptoms. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pentylene Glycol Liquid/Ethoxy Diglycol 1.25%: 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: This patient presents with neck, lower back and left shoulder pain. The treater is requesting PENTYLENE GLYCOL LIQUID/ETHOXYDIGLYCOL 1.25%, QUANTITY 3, The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The report making the request is not provided for review. The documents do not show a history of pentylene glycol liquid/ethoxydiglycol use. Labor Code 4610.5(2) definition of medical necessity. "Medically necessary" and "medical necessity" meaning medical treatment that is reasonably required to cure or relieve the injured employee of the effects of his or her injury." In this case, the medical necessity of this compound has not been established and the request IS NOT medically necessary.

Cyclobenzaprine Powder/Lidocaine HCL Powder 4%, 5% #3: 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: This patient presents with neck, lower back and left shoulder pain. The treater is requesting CYCLOBENZAPRINE POWDER/LIDOCAINE HCL POWDER 4%, 5% #3 The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The report making the request is not provided for review. There is no history of use for this compound. There is no discussion about the medical necessity of this powdered form of cyclobenzaprine and lidocaine. Cyclobenzaprine in topical formulation is not supported by the MTUS Guidelines. Lidocaine other than in dermal patch form is not supported by the guidelines. The current request for cyclobenzaprine powder/lidocaine hcl powder IS NOT medically necessary.

Flurbiprofen Powder/Transdermal Pain Base 20%, 68.5% #3: 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: This patient presents with neck, lower back and left shoulder pain. The treater is requesting FLURBIPROFEN POWDER/ TRANSDERMAL PAIN BASE 20%, 68.5%, #3 The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The report making the request is not found in the medical records provided to determine the rationale. No discussions were made as to why a fluribiprofen powder/transdermal pain base is necessary for the patient. There is no history of use of this compound cream. This patient does not present with osteoarthritis and tendinitis of the knee, elbow or others, which is a criteria for us of topical NSAIDs. The request IS NOT medically necessary.