

Case Number:	CM14-0216371		
Date Assigned:	01/06/2015	Date of Injury:	10/09/2014
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/24/2014

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 25 year old female who was injured on 10/9/14 as a chair was pulled from underneath her causing her to fall and land on her buttocks. She was diagnosed with lumbar spine sprain/strain with radiculitis and muscle spasms. On 11/4/14, the worker was seen by her treating physician, reporting low back pain rated 7-8/10 on the pain scale for which she used Tylenol and ibuprofen. BMI was 42.6. Physical examination showed obesity, cautious movement, tenderness and spasm to lumbar paraspinal muscles, reduced lumbar range of motion, and positive straight leg raise test. She was requested chiropractic treatments/physiotherapy, acupuncture, lumbar brace, cyclobenzaprine, ibuprofen, and two transdermal compound analgesic compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, she was recommended two topical compounded analgesics (cyclobenzaprine/flurbiprofen and capsaicin/flurbiprofen/gabapentin/menthol/camphor). She was already taking and recommended to continue oral ibuprofen. It seems redundant to use more than one NSAID (one oral and two others topical). Also, the MTUS states that topical gabapentin and topical muscle relaxants such as cyclobenzaprine are all not recommended due to their lack of evidence to support their general use in chronic pain. Therefore, as both of these topical agents recommended to the worker have at least one non-recommended ingredient, they both will be considered medically unnecessary.

Capsaicin .025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary topical analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at

risk, including those with renal failure and hypertension. In the case of this worker, she was recommended two topical compounded analgesics (cyclobenzaprine/flurbiprofen and capsaicin/flurbiprofen/gabapentin/menthol/camphor). She was already taking and recommended to continue oral ibuprofen. It seems redundant to use more than one NSAID (one oral and two others topical). Also, the MTUS states that topical gabapentin and topical muscle relaxants such as cyclobenzaprine are all not recommended due to their lack of evidence to support their general use in chronic pain. Therefore, as both of these topical agents recommended to the worker have at least one non-recommended ingredient, they both will be considered medically unnecessary.