

Case Number:	CM14-0219281		
Date Assigned:	01/09/2015	Date of Injury:	02/25/2007
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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: 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 injured worker is a 53 year old male, who sustained an industrial injury on 2/25/2007. He was cleaning tunnels with a metal stick when someone turned the machine on and he was hit in the head. The diagnoses have included severe major depressive disorder and lumber radiculopathy. Treatment to date has included left L4-5 and L5-S1 transforaminal ESI an 7/23/2012, and manipulation. Magnetic resonance imaging (MRI) of the right shoulder was completed on 9/23/2013, lumbar spine on 4/26/2012 and brain on 11/04/2012. Currently, the Injured Worker complains of less depression since being on medication. He states pain in the lumbar spine has increased. He ambulates with a cane. Objective physical examination revealed painful lumbar spine with decreased range of motion secondary to pain. There is a positive straight leg raise test, left greater than right and decreased sensation at L5-S1. On 12/16/2014 Utilization Review non-certified a request for topical compounds Cyclobenzaprine 2%/ Flurbiprofen 25% 180 gm and Capsaicin 0.025%/ Flurbiprofen 15%/Gabapentin 10%/ Menthol 2%/Camphor 2% 180gm, based on guideline recommendations, the MTUS was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of topical compounds Cyclobenzaprine 2%/ Flurbiprofen 25% 180 gm and Capsaicin 0.025%/ Flurbiprofen 15%/Gabapentin 10%/ Menthol 2%/Camphor 2% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm, as prescribed on 11/20/14: 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 injured worker receives treatment for chronic low back pain and shoulder pain. The treating physician has prescribed a compounded topical analgesic cream. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Cyclobenzaprine is a muscle relaxer. No muscle relaxer is medically indicated in its topical form. Flurbiprofen is an NSAID. No NSAID is recommended in its topical form. Under the treatment guidelines, this compounded cream is not medically indicated.

Topical Compound Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm as prescribed on 11/20/14: 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): 113-114.

Decision rationale: This injured worker receives treatment for chronic low back pain and shoulder pain. The treating physician has prescribed a compounded topical analgesic cream. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Gabapentin is an anti-epileptic drug (AED). No AED is medically indicated in its topical form. Flurbiprofen is an NSAID. No NSAID is recommended in its topical form. Neither camphor nor menthol have any medical indications when applied topically. Under the treatment guidelines, this compounded cream is not medically indicated.