

Case Number:	CM15-0012361		
Date Assigned:	01/29/2015	Date of Injury:	09/11/2002
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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: Texas, 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:

This is a 45 year old female patient, who sustained an industrial injury on September 11, 2002. She sustained the injury while lifting a patient from shower chair. The diagnoses have included chronic pain syndrome from lumbar disc derangements, lumbar facet syndrome, and right sacroiliac joint syndrome. Per the doctor's note dated 11/26/2014, she had chronic intractable pain with her lumbar radiculopathy. Per the doctor's note dated 9/3/2014, she had complains of chronic lumbar pain at 5-6/10 with flare-ups with daily personal and work activities. Physical examination revealed tenderness over the L4-5 and L5-S1 lumbar interspaces, range of motion 70% with forward flexion, 50% backward extension, and 70% in lateral flexion and lumbar torsion; positive straight leg raising test bilaterally at 45 degrees. The medications list includes norco, flexeril, ativan and topical analgesic creams. she has had lumbar MRIs for this injury. She has had physical therapy visits and lumbar facet injections for this injury. On January 13, 2015, Utilization Review non-certified Cyclobenzaprine/Lidocaine/Mediderm/Flurbiprofen 240 grams with 2 refills, and Ketoprofen/Loperamide/Menthol/Capsaicin, based on MTUS, Chronic Pain Medical Treatment guidelines. On January 22, 2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine/Lidocaine/Mediderm/Flurbiprofen 240 grams with 2 refills, and Ketoprofen/Loperamide/Menthol/Capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Usage Of Cyclobenzaprine/Lidocaine/Mediderm/Flurbiprofen 240gm (Refill X 2) (Dos 9-3-14)(1x3): 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): pages 111-113.

Decision rationale: Request: Retrospective Usage Of Cyclobenzaprine/Lidocaine/Mediderm/Flurbiprofen 240gm (Refill X 2) (Dos 9-3- 14) Flurbiprofen is a NSAID and cyclobenzaprine is a muscle relaxant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)." (Argoff, 2006) There is little to no research to support the use of many of these agents. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical NSAIDs- 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." Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury was not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine and flurbiprofen are not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of retrospective Usage of Cyclobenzaprine /Lidocaine/Mediderm/Flurbiprofen 240gm (Refill X 2) (Dos 9-3-14) is not fully established for this patient.

Retrospective Usage Of Ketoprofen/Loperamide/Menthol/Capsaicin (Dos 9-3-14): 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): pages 111-113.

Decision rationale: Request: Retrospective Usage Of Ketoprofen/ Loperamide/ Menthol/Capsaicin (Dos 9-3-14) Ketoprofen is a NSAID. The MTUS Chronic Pain Guidelines

regarding topical analgesics state, "largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants)." (Argoff, 2006) There is little to no research to support the use of many of these agents. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical NSAIDs- 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." "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury was not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen and loperamide are not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of retrospective Usage of Ketoprofen/ Loperamide/ Menthol/Capsaicin (Dos 9-3-14) is not fully established for this patient.