

Case Number:	CM15-0012757		
Date Assigned:	02/11/2015	Date of Injury:	05/06/2009
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 41 year old male, who sustained an industrial injury on May 6, 2009. He has reported a back injury. The diagnoses have included thoracic sprain, cervical sprain/strain, cervical radiculopathy, lumbar sprain/strain, lumbar radiculopathy, and lumbar disc herniation with acute flare-up. Treatment to date has included medications, electrodiagnostic studies, and radiological imaging. Currently, the IW complains of low back pain flare. The records on December 9, 2014, indicate he has not had chiropractic treatment in over nine months. Physical findings indicate Kemp's, Yeoman's and straight leg raise testing are positive on the left side. There is tenderness noted to the lumbar spine region, and muscle spasms are visible. On January 12, 2015, Utilization Review non-certified Cyclobenzaprine 2%, Flurbiprofen 25%, 180 grams, and Capsaicin 0.025/Flubiprofen 15/Gabapentin 10/Menthol 2/Camphor 2, 180 grams. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On January 21, 2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine 2%, Flurbiprofen 25%, 180 grams, and Capsaicin 0.025/Flubiprofen 15/Gabapentin 10/Menthol 2/Camphor 2, 180 grams.

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 Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The requested topical analgesic is formed by the combination of Cyclobenzaprine 2% and Flurbiprofen 25%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains flurbiprofen not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for 180 gm Cyclobenzaprine 2%, Flurbiprofen 25% is not medically necessary.

Capsaicin 0.025/ Flurbiprofen 15/Gabapentin 10/ Menthol 2/ Camphor 2/ 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Effect of topically applied menthol on thermal, pain and itch sensations and biophysical properties of the skin and the pharmacology of topical analgesics

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

Decision rationale: The requested topical analgesic is formed by the combination of Capsaicin, Flurbiprofen, Gabapentin, Menthol, and Camphor. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Capsaicin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Capsaicin 0.025/ Flurbiprofen 15/Gabapentin 10/ Menthol 2/ Camphor 2/ 180gm is not medically necessary.