

Case Number:	CM15-0016038		
Date Assigned:	02/04/2015	Date of Injury:	01/27/2014
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/28/2015

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: 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 injured worker is a 53 year old female who sustained an industrial injury on 1/27/14 when she was involved in a rear-end motor vehicle accident causing back and neck pain. She is currently experiencing burning, radicular neck pain that radiates into her shoulders and low back pain associated with numbness and tingling of the bilateral lower extremities. The intensity of pain is 5/10 in both areas. Medicatins include deprizine, dicopanol, fanatrex, synapryn, tabradol, capsaicin, flurbiprofen, menthol, cyclobenzaprine, gabapentin. Diagnoses include cervical spine pain; cervical radiculopathy; cervical disc displacement; upper extremity radicular pain; low back pain; lumbar radiculopathy and lumbar disc displacement. Treatments to date include medications which offer some relief and enable her to have a restful sleep, physical therapy and acupuncture for the cervical and lumbar spine and shockwave therapy for the cervical and lumbar spine. Diagnostics include MRI of the lumbar spine (10/23/14) demonstrating disc protrusion and MRI of the cervical spine (4/14/14) indicating disc protrusion; left and right shoulder radiographs (2/21/14) unremarkable. On 12/16/14 the treating provider requested topical compounded substances containing capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2% and camphor 2 %, 180 GM; and cyclobenzaprine 2%, flurboprofen 25%, 180 GM for pain relief. On 1/2/15 Utilization Review non-certified the requests for compounded topical substances containing capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2% and camphor 2 %, 180 GM; and cyclobenzaprine 2%, flurboprofen 25%, 180 GM citing MTUS: Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% Compound Cream, 180gm: 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 analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 01/27/14 and presents with burning radicular neck pain which radiates to her shoulders and burning radicular low back pain. The request is for CAPSAICIN 0.025%/ FLURBIPROFEN 15%/ GABAPENTIN 10%/ MENTHOL 2%/ CAMPHOR 2%/ COMPOUND CREAM 180 GM. There is no RFA provided and the patient is to remain off of work from 12/16/14- 01/22/15. Diagnoses include cervical spine pain, cervical radiculopathy, cervical disc displacement, upper extremity radicular pain, low back pain, lumbar radiculopathy, and lumbar disc displacement. Treatments to date include medications which offer some relief and enable her to have a restful sleep, physical therapy and acupuncture for the cervical and lumbar spine and shockwave therapy for the cervical and lumbar spine. MTUS has the following regarding topical creams (page 111, chronic pain section), "Topical analgesics: Nonsteroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS Guidelines page 111 also has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. She has tenderness to palpation at the occiputs, paracervical muscles, trapezius, and at the levator scapula muscles. Palpable tenderness is noted at the splenius, sternocleidomastoid and scalene muscles. In regards to the lumbar spine, there is tenderness with spasms at the lumbar paraspinal muscles, quadratus lumborum and over the lumbosacral junction. There is a trigger point noted at the PSISs and sciatic notch tenderness. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Since Gabapentin is not supported in a topical formulation, the whole compound is not supported. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen and capsaicin. The requested compounded medication IS NOT medically necessary.

Cyclobenzaprine 2%/Flurbiprofen 25% Compound Cream 180gm: 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 analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 01/27/14 and presents with burning radicular neck pain which radiates to her shoulders and burning radicular low back pain. The request is for CYCLOBENZAPRINE 2%/ FLURBIPROFEN 25%/ COMPOUND CREAM 180 GM. There is no RFA provided and the patient is to remain off of work from 12/16/14- 01/22/15. Diagnoses include cervical spine pain, cervical radiculopathy, cervical disc displacement, upper extremity radicular pain, low back pain, lumbar radiculopathy, and lumbar disc displacement. Treatments to date include medications which offer some relief and enable her to have a restful sleep, physical therapy and acupuncture for the cervical and lumbar spine and shockwave therapy for the cervical and lumbar spine. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. She has tenderness to palpation at the occiputs, paracervical muscles, trapezius, and at the levator scapula muscles. Palpable tenderness is noted at the splenius, sternocleidomastoid and scalene muscles. In regards to the lumbar spine, there is tenderness with spasms at the lumbar paraspinal muscles, quadratus lumborum and over the lumbosacral junction. There is a trigger point noted at the PSISs and sciatic notch tenderness. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, Cyclobenzaprine is not indicated in a topical formulation. Therefore, the requested compounded medication IS NOT medically necessary.