

Case Number:	CM15-0112619		
Date Assigned:	06/19/2015	Date of Injury:	09/22/2001
Decision Date:	07/22/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/11/2015

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:

The injured worker is a male patient who sustained an industrial injury on 09/22/2001. A recent primary treating office visit dated 05/05/2015 reported the patient with subjective complaint of low back pain radiating to bilateral lower extremities, status post lumbar epidural steroid injection 12/20/2014 with > than 90% improvement in lower back symptom; status post right knee surgery 10/29/2014; right calf pain for the last 48 hours PCP recommending Doppler study ruling out a deep vein thrombosis. The patient is also obese secondary to low back and knee pain. The patient is diagnosed with the following: low back pain with degenerative disc disease at L4-5 and L5-s1 with posterior protrusion of the disc toward right with neural foraminal stenosis at L5-S1 and L4-5; lumbar spine spondylosis at L4-5 and L5-S1 bilaterally; lumbar spine strain/sprain, and right knee pain status post- surgery 10/29/2014 with noted good post-operative recovery. The plan of care involved: continuing medications: Norco 10/325mg, analgesic compound cream, participate in authorized weight loss program, and return for follow up. Back on 03/10/2015 the physician recommended a steroid injection, lumbar; a cold therapy unit, weight loss program. The patient did receive an epidural steroid injection, lumbar back in 10/20/2014 with a noted greater than 90 % improvement in symptom lasting about two weeks. A CURES pain agreement was completed and signed on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%/Cyclobenzaprine 10%/Baclofen 2%/Lidocaine 5% 180gm compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical compounded medications.

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

Decision rationale: This patient presents with chronic low back and knee pain. The current request is for Flurbiprofen 15%/Cyclobenzaprine 10%/Baclofen 2%/Lidocaine 5% 180gm compound cream. The RFA is dated 05/16/15. Treatment history include knee surgery 2014, epidural injections, physical therapy and medications. 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. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. "Gabapentin: not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." According to progress report 05/16/15, the patient presents with low back pain with radiating symptoms to the bilateral lower extremities. The patient is status post right knee surgery on 10/29/14 and has some residual complaints. The treater is requesting authorization to continue compound analgesic cream "for symptomatic relief of pain in the lumbosacral area." MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, neither Gabapentin, Cyclobenzaprine, Baclofen, nor Lidocaine (in a non-patch form) are indicated in a topical formulation. Therefore, the requested compounded medication IS NOT medically necessary.