

Case Number:	CM15-0113906		
Date Assigned:	06/22/2015	Date of Injury:	06/17/2002
Decision Date:	07/29/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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: Emergency 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 45 year old male, who sustained an industrial/work injury on 6/17/02. He reported initial complaints of low back pain. The injured worker was diagnosed as having moderate lumbar degenerative disc disease, s/p laminectomy, severe contracture bilateral hamstrings with deconditioning of the lumbar spine and posterior chain musculature. Treatment to date has included medication, surgery (lumbar laminectomy at L4-L5 on 12/11/03). Currently, the injured worker complains of constant diffuse pain of the lumbar spine. Per the primary physician's progress report (PR-2) on 5/13/15, antalgic gait, nonspecific pain to the lower lumbar paravertebral muscles, positive tension signs bilaterally, and no strength or sensation deficits. The requested treatments include Retro: Cyclobenzaprine 7.5mg #90 (dispensed 5/13/15), Retro: Compound cream (starter pack consisting of a 30 grams combination of 10% cyclobenzaprine +2% Lidocaine, a 30 grams combination of 20% Flurbiprofen +5% Lidocaine and a 30 combination of 10% Gabapentin +4% Amitriptyline +0.025% capsaicin) (dispensed 5/13/15), and Retro: Voltaren XR 100mg #30 (dispensed 5/13/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclobenzaprine 7.5mg #90 (dispensed 5/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Cyclobenzaprine is a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement or any muscle spasms on exam or complaint. Cyclobenzaprine is not medically necessary.

Retro: Compound cream (starter pack consisting of a 30 grams combination of 10% cyclobenzaprine +2% lidocaine, a 30 grams combination of 20% flurbiprofen +5% lidocaine and a 30 combination of 10% gabapentin +4% amitriptyline +0.025% capsaicin) (dispensed 5/13/15): 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 "started pack", contains 3 compounded creams. Since this request was bundled as one request, if one compounded product is not medically necessary, all others will be considered unnecessary and will not be reviewed. As per MTUS guidelines any compound product that contains a drug or drug class that is no recommended is not recommended. 1) Cyclobenzaprine: Not FDA approved or recommended for topical application. 2) Lidocaine: Topical Lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. There is no neuropathic related pathology. Not recommended. Not a single compound is recommended. This compound is not recommended. The 2 other topical compounds are automatically not medically necessary although basic review leads me to conclude that they would also fail MTUS criteria. This "starter pack" of multiple non-FDA approved and non-evidence based potentially dangerous compounded substances are not medically necessary.

Retro: Voltaren XR 100mg #30 (dispensed 5/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patients with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Patient has noted high blood pressure and diabetes. The provider has not documented monitoring patient for potential cardiovascular and blood pressure complications. Due to significant risks and the provider not documentation concerning risks and monitoring with patient, Voltaren is not medically necessary.