

Case Number:	CM15-0118672		
Date Assigned:	06/29/2015	Date of Injury:	05/03/2013
Decision Date:	07/29/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/19/2015

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 49 year old female patient, who sustained an industrial injury on 5/3/13. The diagnoses include cervicalgia and mononeuritis of the upper limb. Per the doctor's note dated 5/18/15 and 6/18/2015, she had complains of upper back, neck, and shoulder pain at 4/10 with medications and at 7/10 without medications. The physical examination revealed cervical spine- tenderness, spasm and decreased range of motion; right upper extremity- tenderness over the right carpal tunnel, positive Tinel's and Phalen's test on the right side and 3/5 grip on the right side. The medications list includes amitriptyline, norco, gabapentin, flector patch, ibuprofen, prilosec and tramadol. She has had physical therapy visits for this injury. The treating physician requested authorization for compound Flurbiprofen/Cyclobenzaprine/Gabapentin/Lidocaine/Prilocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD: Flurbiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, Prilocaine, Base, refills: 0:
 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, pages 111-113.

Decision rationale: CMPD: Flurbiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, Prilocaine, Base, refills: 0 This is a request for topical compound medication. Cyclobenzaprine and baclofen are muscle relaxants and gabapentin is an anticonvulsant. 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..Gabapentin: Not recommended. There is no peer-reviewed literature to support use. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anti-depressants and anti-convulsants for this injury is 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. Gabapentin, and cyclobenzaprine are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of CMPD: Flurbiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, Prilocaine, Base, refills: 0 is not fully established for this patient.