

Case Number:	CM15-0123872		
Date Assigned:	07/15/2015	Date of Injury:	10/01/2005
Decision Date:	09/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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 York
 Certification(s)/Specialty: Pediatrics, Internal 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 58-year-old female, with a reported date of injury of 10/01/2005. The mechanism of injury was a fall. The injured worker's symptoms at the time of the injury have included back pain and neck pain. The diagnoses include status post posterior spinal arthrodesis, discogenic low back pain, carpal tunnel syndrome, and cervical herniated nucleus pulposus. Treatments and evaluation to date have included psychological testing, and oral medications. The diagnostic studies to date have included x-ray of the cervical spine on 02/13/2015; CT scan of the cervical spine on 02/13/2015 which showed previous spinal fusion surgery, cervical lordosis, disc protrusion, and osteophytic ridging; x-ray of the lumbar spine on 03/11/2015; CT scan of the lumbar spine on 03/11/2015 which showed osteophytic ridging, fusion process, and previous spinal fusion; and electrodiagnostic studies of the lower extremities on 07/07/2014 which showed bilateral lumbar spine radiculopathy. The progress report dated 05/05/2015 indicates that the injured worker complained of neck pain and low back pain. The objective findings include tenderness of the bilateral trapezius muscles, decreased cervical spine range of motion, tenderness of the bilateral lumbar spine, decreased lumbar range of motion, positive left Lasegue's test, and a slight antalgic gait. The treating physician recommended that the injured worker return to modified duty. The treating physician prescribed a compound medication to be applied to the affected area 2-3 times per day. The treating physician requested Gabapentin 10%/Flurbiprofen 15%/Cyclobenzaprine 2% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Flurbiprofen 15%/Cyclobenzaprine 2% 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 Analgesics Page(s): 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." There was no documentation that the anti-depressant was prescribed for neuropathic pain. The injured worker reported a significant amount of emotional distress and depression because of her chronic physical pain and inability to work. The psychiatrist prescribed psychotropic medications. The guidelines state that topical analgesics are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." The requested cream is a combination of Gabapentin, Flurbiprofen (a non-steroidal anti-inflammatory drug), and Cyclobenzaprine. Topical Gabapentin is not recommended by the guidelines, since there is no peer-reviewed literature to support its use. The MTUS indicates that topical non-steroidal anti-inflammatory drugs (NSAIDs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. Cyclobenzaprine is muscle relaxant, and the guidelines indicate that there is no evidence for the use of any other muscle relaxants as a topical product. The guidelines indicate that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." None of the medications in this compounded topical product are recommended by the guidelines. The request does not meet guideline recommendations. In addition, the treating physician's request did not include the site of application. As such, the requested prescription is not sufficient and not medically necessary.