

Case Number:	CM15-0129872		
Date Assigned:	07/16/2015	Date of Injury:	11/27/1996
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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: Anesthesiology

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 57 year old female, who sustained an industrial injury on 11/27/96. She reported pain in low back, hips, wrists and left leg. The injured worker was diagnosed as having status post removal of spinal cord stimulator, status post left carpal tunnel release, severe facet arthropathy, grade I spondylolisthesis L5-S1, disc degeneration L3-5 and L4-4, lumbar stenosis, left L5 radiculopathy, status post L3-4 and L4-5 decompression, status post permanent spinal cord stimulator and left total knee arthroplasty failed. Treatment to date has included aqua therapy, transcutaneous electrical nerve stimulation (TENS), assistive devices, rest, spinal cord stimulation, lumbar epidural steroid injections, intrathecal pump and medications including Baclofen, Dilaudid and Gabapentin, Paxil, Xanax and Lidoderm patch. Currently on 5/12/15, the injured worker complains of constant pain in low back, hips, wrists and left leg with radiation to buttocks, left hand, left foot, left ankle, left leg, left knee and left sided hip. Pain is on average 9/10 and 10/10 at its worst, she also notes pain is 2/10 at rest and 8-9/10 with activity. She also reports feeling blue all the time, frustrated because of pain and the need for sleeping pills due to waking up at night with pain. She notes good relief with pain management, nerve blocks and spinal stimulation. Physical exam performed on 5/12/15 noted increased tone and pain to palpation of cervical paraspinal and rhomboid muscles in the musculature of the head and neck with cervical spine tenderness and restricted range of motion and exam of lumbar spine revealed surgical scars, tenderness of paraspinal musculature, disuse atrophy of paraspinal bulk, increased paraspinal tone with pain to palpation of lumbar paraspinal, erector spinae, iliocostalis lumborum and bilateral gluteal muscles, trigger point tenderness and restricted range of motion of lumbar

spine due to pain. Range of motion is also decreased to right and left hip and knee. Sensation is decreased to left L4, 5 and S1 dermatomal distribution and the injured worker has an antalgic gait with crutches. The treatment plan included continuation of medications, continuation of intrathecal pump, follow up appointment and a trial of a topical pain cream. A request for authorization was submitted for muscle strain compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5%/Hyaluronic acid 0.2%/Menthol 5%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Lidocaine indications.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Cyclobenzaprine is not FDA approved for use as a topical application. Menthol is not discussed in the MTUS. Medical necessity for the requested medication has not been established. The requested topical analgesic compound is not medically necessary.