

Case Number:	CM15-0134494		
Date Assigned:	07/22/2015	Date of Injury:	11/01/2007
Decision Date:	12/08/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/10/2015

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, District of Columbia,
 Maryland Certification(s)/Specialty: Anesthesiology, Pain
 Management

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 date of injury on 11-01-2007. The injured worker is undergoing treatment for spinal stenosis-cervical, cervical spondylosis, cervical degenerative disc disease, and occipital neuralgia. A note dated 03-31-2015 documents the injured worker has left sided base of skull pain. She is status post occipital nerve block with minimal relief. Pain radiates intermittently into her left shoulder where she reports stiffness, and tightness. The treatment plan included continuing Ambien, stopping Tramadol, and recommending Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, and Lidocaine 2%, Prilocaine 2% #240 grams with 5 refills. A physician progress note dated 05-12-2015 documents the injured worker has complaints of left-sided pain in the base of her skull. Her pain levels have reduced since she was seen last. She is getting better sleep through the night and this could be contributing to her relief during the day. Her current pain level is 8 out of 10; average pain level is 6 out of 10. Highest pain level is 10 out of 10 and least pain level is 3 out of 10. Her neck is tender to palpation. There is a negative Spurling's. Range of motion is tight, stiff with rotation to the left. She is not working. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy, use of a Transcutaneous Electrical Nerve Stimulation unit, epidural steroid injections, medial branch blocks, facet injections, Nerve blocks, ablation, trigger point injections, exercise, ice and heat. Current medications include Lyrica, Amitriptyline, Cyclobenzaprine, and Zolpidem. On 06-08-2015 Utilization Review non-certified the request for Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% #240 grams with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% #240 grams with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Flurbiprofen may be indicated. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [Besides Baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. Per MTUS p113 with regard to topical Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical Lidocaine, MTUS states (p112) "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. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) "The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of prilocaine. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended." Since these medications are not medically indicated, then the overall product is not indicated per MTUS as outlined above. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As several components are not recommended, the compound is not medically necessary.