MAXIMUS Federal Services

Case Number:	CM15-0171331		
Date Assigned:	09/11/2015	Date of Injury:	05/01/2000
Decision Date:	10/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/31/2015

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: Physical Medicine & Rehabilitation

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 61 year old female with a date of injury on 5-1-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar discopathy with disc displacement and lumbar radiculopathy. Medical records (6-28-2015 to 8-1-2015) indicate ongoing low back pain radiating down both legs associated with numbness and tingling. The injured worker reported that medications were helpful in alleviating some of the pain. Per the treating physician (8-1-2015), the employee was considered permanent and stationary. The physical exam (6-28-2015 to 8-1-2015) reveals tenderness to palpation over the lumbar paraspinal musculature. There was decreased range of motion secondary to pain and stiffness. Supine straight leg raise was positive bilaterally. Sensation was diminished to light touch and pinprick at the bilateral L5 and S1 dermatomal distribution. Treatment has included topical creams and medications (including Norco, Celexa and Soma). The original Utilization Review (UR)(8-25-2015) non-certified a request for Flurbiprofen 25%-Menthol 10%-Camphor 3%-Capsaicin 0.0375% topical cream 30gm and Cyclobenzaprine 10%-Tramadol 10% topical cream 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Menthol 10%, Camphor 3%, Capsaicin 0.0375% topical cream 30gm: 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: The patient presents on 08/01/15 with lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 05/01/00. The request is for Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.0375% Topical Cream 30gm. The RFA is dated 08/01/15. Physical examination dated 08/01/15 reveals tenderness to palpation of the lumbar paraspinal musculature, positive straight leg raise test bilaterally, and decreased sensation to light touch and pinprick in the bilateral L5 and S1 dermatomal distributions. The patient is currently prescribed Norco, Soma, and topical compounded creams. Patient is currently classified as permanent and stationary. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Non-steroidal anti-Inflammatory agents (NSAIDs) "...this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)..." There is no peer-reviewed literature to support use. Regarding topical compounded creams on pg 111. guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Flurbiprofen, Menthol, Camphor, and Capsaicin, the requested cream is not supported by MTUS guidelines. MTUS guidelines only support topical NSAIDS for peripheral complaints, this patient presents with lower back pain with a radicular component, which is not amenable to topical NSAIDs. Guidelines also state that any topical compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.

Cyclobenzaprine 10%, Tramadol 10% topical cream 15mg: 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: The patient presents on 08/01/15 with lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 05/01/00. The request is for Cyclobenzaprine 10% Tramadol 10% Topical Cream 15gm. The RFA is dated 08/01/15. Physical examination dated 08/01/15 reveals tenderness to palpation of the lumbar paraspinal musculature, positive straight leg raise test bilaterally, and decreased sensation to light touch and pinprick in the bilateral L5 and S1 dermatomal distributions. The patient is currently prescribed Norco, Soma, and topical compounded creams. Patient is currently classified as permanent and stationary. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Other Muscle Relaxants: "There is no evidence for use of any other muscle relaxant as a topical

product." Guidelines do not provide support for Tramadol in topical formulations. Regarding topical compounded creams on pg 111. guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded topical cream containing Cyclobenzaprine and Tramadol, the requested cream is not supported by MTUS guidelines. MTUS guidelines do not support Tramadol or muscle relaxants such as Cyclobenzaprine in topical formulations. Guidelines also state that any topical compounded cream which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.