

Case Number:	CM15-0179339		
Date Assigned:	09/21/2015	Date of Injury:	05/18/2010
Decision Date:	10/29/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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 59 year old female patient, who sustained an industrial injury on May 18, 2010. The diagnoses include cervicgia, cervical spondylosis, cervical degenerative disc disease with posterior disc bulge at the levels of C3-C4, C4-C5, C5-C6, and C6-C7 with neuroforaminal stenosis, lumbago, lumbar spondylosis at the levels of L4-L5 and L5-S1, and lumbar radiculopathy to the bilateral lower extremities with posterior disc bulge at the levels of L3-L4, L4-L5, and L5-S1 with bilateral neuroforaminal stenosis. Per the doctor's note dated 8/20/2015, she had complaints of neck pain with radiation to the bilateral upper extremities with tingling and numbness in fingertips, low back pain with radiation to the bilateral leg with tingling and numbness. Per the doctor's note dated 8/19/2015, the patient had acid reflux symptoms and was prescribed dexilant and ranitidine. Per the doctor's note dated July 28, 2015, she had complaints of neck pain, mid back pain, low back pain, and bilateral knee pain. The physical examination revealed the cervical spine with decreased range of motion (ROM) with spasm and tenderness to palpation, the thoracic spine with spasm and tenderness to palpation, and the lumbar spine with decreased range of motion (ROM) with spasm and tenderness to palpation. The neurological examination revealed sensation intact throughout, motor 5-5 through out, and deep tendon reflexes 2+ and equal. The medications list includes Norco, Baclofen, and compounded analgesic cream. She has had cervical spine MRI dated 2/14/2015 which revealed multilevel disc degeneration; lumbar spine MRI dated 6/10/2015; MRI thoracic spine dated 7/31/2015. She has undergone cemented left knee total arthroplasty on 9/19/2013, right knee arthroscopic surgery on 1/29/2015 and gastric bypass surgery. She has had lumbar ESIs, facet injections, medial branch

blocks, rhizotomies, right knee steroid injection and bilateral knee synvisc injections. She has had chiropractic treatments for this injury. The treatment plan was noted to include requests for authorization to continue Norco, Baclofen, and compounded analgesic cream for symptomatic relief of pain, a request for a lumbosacral brace and a return visit on August 20, 2015. The request for authorization dated August 7, 2015, requested a follow up evaluation with physical medicine and rehabilitation (PM and R), a lumbosacral support brace, and compound analgesic cream Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5% 180 grams. The Utilization Review (UR) dated August 14, 2015, certified the request for a follow up evaluation with physical medicine and rehabilitation (PM and R), and non-certified the requests for a lumbosacral support brace, and compound analgesic cream Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound analgesic cream Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5% 180 grams: 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: Compound analgesic cream Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5% 180 gram. Flurbiprofen is an NSAID, Cyclobenzaprine and Baclofen are muscle relaxants. The cited 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." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than NSAIDs) 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. Cyclobenzaprine and Baclofen are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific

evidence to support their effectiveness. The medical necessity of Compound analgesic cream Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2% and Lidocaine 5% 180 gram is not fully established for this patient. Therefore, the request is not medically necessary.

Lumbosacral support brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/17/2015) online version.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Physical Methods.

Decision rationale: Lumbosacral support brace. Rationale-Per the ACOEM guidelines "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry." Evidence of a recent lumbar fracture, spondylolisthesis, recent lumbar surgery or instability was not specified in the records provided. In addition, response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of Lumbosacral support brace is not fully established for this patient. Therefore, the request is not medically necessary.