

Case Number:	CM15-0179573		
Date Assigned:	09/21/2015	Date of Injury:	02/03/2006
Decision Date:	10/28/2015	UR Denial Date:	08/13/2015
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: 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:

The injured worker is a 52-year-old male, with a reported date of injury of 02-03-2006. The diagnoses include lumbar spine sprain and strain, low back pain, lumbar spine disc displacement, lumbar disc syndrome without myelopathy, lumbar radiculitis with radiculopathy to the right lower extremity, and rule-out intervertebral derangement. Treatments and evaluation to date have included acupuncture, chiropractic treatment, Cyclobenzaprine, Gabapentin, and Naproxen. The diagnostic studies to date have included an MRI of the lumbar spine on 12-15-2014 which showed diffuse disc herniation at L2-3, L3-4, L4-5, and L5-S1; Schmorl's node from T11-T12 to L5-S1; degenerative disc disease with disc desiccation and dehydration from L2-3 to L5-S1; right convexity of the lumbar spine; Tarlov cyst at the level of S2; hypolordosis of the lumbar spine; Modic type II at L3-4 and L5-S1; and limited lumbar spine range of motion in flexion and extension. The follow-up evaluation report dated 07-01-2015 indicates that the injured worker had low back pain, rated 8 out of 10. The pain was associated with numbness, tingling, weakness, and aching. On 07-23-2015, the injured worker rated his low back pain 8 out of 10 and 5-6 out of 10 with medications. The physical examination showed normal lumbar lordosis curve; no evidence of significant scoliosis; an abnormal gait; abnormal heel-toe walking; tenderness to palpation of the lumbar paraspinal; decreased lumbar range of motion; positive bilateral straight leg raise test; positive crossed straight leg raise test; positive femoral stretch test bilaterally; and normal leg sensation. The injured worker's work status was deferred to the primary treating physician. On 07-23-2015, the injured worker was instructed to return to modified work. The request for authorization was dated 07-01-2015. The treating physician

requested Flurbiprofen 20%-Cyclobenzaprine 5%, one 180 gram jar, apply 2-3 grams two times daily and Dextromethorphan 10%-Gabapentin 10%-Bupivacaine 5%-Camphor 2%-Menthol 2%, one 180 gram jar, apply 2-3 grams two times daily. On 08-13-2015, Utilization Review (UR) non-certified the request for Flurbiprofen 20%-Cyclobenzaprine 5% 180 grams and Dextromethorphan 10%-Gabapentin 10%-Bupivacaine 5%-Camphor 2%-Menthol 2% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Cyclobenzaprine 5% 180grams, 1 jar apply 2-3 grams two times daily:
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 with low back pain, rated 8/10, radiating to the right lower extremity. The request is for FLURBIPROFEN 20%, CYCLOBENZAPRINE 5% 180 GRAMS, 1 JAR APPLY 2-3 GRAMS TWO TIMES. Physical examination to the lumbar spine on 06/17/15 revealed tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, SI joints, and gluteus musculature, bilaterally. Patient's treatments have included image studies, acupuncture, chiropractic therapy and medication. Per 05/21/15 progress report, patient's diagnosis include lumbago, lumbar spine disc displacement, R/O lumbar radiculopathy, and sexual dysfunction. Patient's medications, per 07/01/15 Request For Authorization form include Compound Creams, Prilosec, Diclofenac, Gabapentin, and Baclofen. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 111, Topical Analgesic section has the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater does not discuss this medication. Review of the medical records provided do not indicate a prior use and it appears that the treater is initiating this medication. This topical contains Cyclobenzaprine, which is not supported by the guidelines for topical use. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request IS NOT medically necessary.

Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Camphor 2%, Menthol 2%, 180grams, 1 jar apply 2-3 grams two times daily: 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 with low back pain, rated 8/10, radiating to the right lower extremity. The request is for DEXTROMETHORPHAN 10%, GABAPENTIN 10%, BUPIVACAINE 5%, CAMPHOR 2%, MENTHOL 2% 180 GRAMS, 1 JAR APPLY 2-3 GRAMS TWO TIMES. Physical examination to the lumbar spine on 06/17/15 revealed tenderness to palpation over the quadratus lumborum, erector spinae, latissimus dorsi, SI joints, and gluteus musculature, bilaterally. Patient's treatments have included image studies, acupuncture, chiropractic therapy and medication. Per 05/21/15 progress report, patient's diagnosis include lumbago, lumbar spine disc displacement, R/O lumbar radiculopathy, and sexual dysfunction. Patient's medications, per 07/01/15 Request For Authorization form include Compound Creams, Prilosec, Diclofenac, Gabapentin, and Baclofen. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 111, Topical Analgesic section has the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater does not discuss this medication. Review of the medical records provided do not indicate a prior use and it appears that the treater is initiating this medication. This topical contains Gabapentin, which is not supported by the guidelines for topical use. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request IS NOT medically necessary.