

Case Number:	CM15-0034842		
Date Assigned:	03/03/2015	Date of Injury:	02/16/2012
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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 57-year-old female sustained a work related injury on 02/16/2012. According to a progress report dated 01/12/2015, the injured worker had chronic back pain with a previous history of lumbar microdiscectomy. She continued to have persistent low back pain with radiculopathy. Overall her condition was stable with her current medication regimen as well as periodic injection treatments. She also reported that topical cream was helpful with inflammation and nerve irritation and helped her to take less oral medications. Pain was currently rated 3 to 4 on a scale of 0-10. Current medications included Percocet 10/325 as needed, Cymbalta 60mg once a day and Soma up to twice a day and topical compound cream consisting of Flurbiprofen, Cyclobenzaprine and Lidocaine. Diagnostic impression included L5-S1 lumbar microdiscectomy performed on 07/17/2013, lumbar disc protrusion at L4-5 and L5-S1 with left S1 radiculopathy and chronic pain syndrome. According to a previous progress report dated 12/15/2014, the provider noted that the injured worker was prescribed a prescription for Flurbiprofen 20%, Cyclobenzaprine 4% and Lidocaine 5% which could reduce some of her inflammation and improve her overall function and also reduce her dependency on oral pain medication. Her medication regimen at that time included Percocet 10/325mg up to four times a day, Cymbalta 60mg once a day and Soma 350mg up to twice a day. On 01/30/2015, Utilization Review non-certified Flurbiprofen/Cyclobenzaprine/Lidocaine 20%/4%/5% 240 grams. According to the Utilization Review physician, current evidence-based guidelines do not support the use of creams in the injuries cited. No other medical justification was provided within the records as to the rational for the use of these medications. There was no documented intolerance to oral

medications. There was no demonstrated failure of first line agents used in the management of neuropathic pain. Evidenced based guidelines do not support the topical use of Cyclobenzaprine. CA MTUS Chronic Pain Medical Treatment Guidelines, Compound Creams and Official Disability Guidelines were referenced for this request. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclobenzaprine/Lidocaine 20%/4%/5% 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics.

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

Decision rationale: The patient presents with persistent low back pain with radiculopathy. The current request is for FLURBIPROFEN/CYCLBENZAPRINE/LIDOCAINE 20%/4%/5%/240 GM. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non-steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration." Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from back pain. Furthermore, cyclobenzaprine is not recommendation in any topical formulation and lidocaine has only been approved in a patch form. This topical compound medication IS NOT medically necessary.