

Case Number:	CM15-0071865		
Date Assigned:	04/22/2015	Date of Injury:	06/09/2012
Decision Date:	05/26/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/15/2015

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: Internal Medicine

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 62 year old male sustained an industrial injury on 6/9/12. He subsequently reported low back pain. Diagnoses include lumbar radiculopathy. Treatments to date have included x-rays, MRIs, injections and prescription pain medications. The injured worker continues to experience low back pain without improvement in symptoms. A request for Capsaicin .025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm #1 and Cyclobenzaprine 2% Flurbiprofen 25% 180gm #1 medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin .025% Flurbiprofen 15% Gabapentin 10% Menthol 2% Camphor 2% 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / topical non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document a history of gastritis, knee, and low back complaints. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a compounded topical product containing Gabapentin is not supported by MTUS. Therefore, the request for topical Gabapentin, Capsaicin, Flurbiprofen, Menthol, and Camphor is not medically necessary.

Cyclobenzaprine 2% Flurbiprofen 25% 180gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / topical non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document a history of gastritis, knee, and low back complaints. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical analgesic containing the muscle relaxant Cyclobenzaprine. Therefore, the request for compounded topical product containing Cyclobenzaprine and Flurbiprofen is not supported by MTUS. Therefore, the request for topical Cyclobenzaprine and Flurbiprofen is not medically necessary.