

Case Number:	CM15-0076700		
Date Assigned:	04/28/2015	Date of Injury:	01/11/2015
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/21/2015

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: Ohio, North Carolina, Virginia
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:

The injured worker is a 26 year old male, who sustained an industrial injury on January 11, 2015. The mechanism of injury was a motor vehicle accident. He has reported neck pain, back pain, and leg pain. Diagnoses have included cervical spine strain/sprain, rule out cervical spine degenerative disc disease, lumbar spine strain/sprain, lumbosacral radiculitis, and rule out lumbar spine degenerative disc disease. Treatment to date has included medications, activity modification, physical therapy, home exercise, imaging studies, and diagnostic testing. A progress note dated March 26, 2015 indicates a chief complaint of improved neck pain, lower back pain, and numbness and tingling of the legs. The treating physician documented a plan of care that included transdermal medicated pain creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

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

Decision rationale: Non-steroidal ant 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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. In this instance, the injured worker does not have osteoarthritis or tendonitis of the knee, elbow, or other joints amenable to topical treatment. Topical NSAIDs like Flurbiprofen are not indicated for the spine; therefore, Flurbiprofen cream 20% is not medically necessary and appropriate.

Tramadol 8%, Gabapentin 10%, Menthol 2% Camphor 2% cream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

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

Decision rationale: The cited guidelines state that any compound containing at least one non-recommended in its entirety is not recommended in its entirety. The requested compound contains gabapentin. Topical gabapentin is not recommended by the guidelines. Therefore, Tramadol 8%, Gabapentin 10%, Menthol 2% Camphor 2% cream is not medically necessary and appropriate.