

Case Number:	CM15-0078260		
Date Assigned:	04/29/2015	Date of Injury:	09/05/2014
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male sustained an industrial injury to the left upper extremity, left shoulder, neck and back on 9/5/14. Previous treatment included magnetic resonance imaging, electromyography and medications. In a PR-2 dated 3/9/15, the injured worker complained of pain to the cervical spine, thoracic spine, lumbar spine, left shoulder, left elbow and wrist associated with numbness and tingling. The injured worker reported that Tylenol # 3 had been causing abdominal discomfort. Current diagnoses included cervical spine, thoracic spine and lumbar spine spondylosis without myelopathy, partial rotator cuff tear, left elbow lateral epicondylitis, left carpal tunnel syndrome and left hand bursitis. The treatment plan included bilateral wrist braces, referral to pain management for evaluation of epidural steroid injections to the cervical spine, switching to Ibuprofen and prescriptions for two topical compound creams (Flurbiprofen 15 %,Cyclobenzaprine 2 %, Baclofen 2 %,Lidocaine 5 % and Lidocaine 6 %, Gabapentin 10 %, Ketoprofen 10 %).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15 %,Cyclobenzaprine 2 %, Baclofen 2 %,Lidocaine 5 % - 2 times daily - 180 gm, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Cyclobenzaprine or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Flurbiprofen 15 %,Cyclobenzaprine 2 %, Baclofen 2 %,Lidocaine 5 % 2 times daily 180 gm, 2 refills is not medically necessary.

Ibuprofen 800 mg (1 tab by mouth 2 times daily) Qty 60, 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of Ibuprofen 800 mg (1 tab by mouth 2 times daily) Qty 60, 1 Refill is not medically necessary.

Lidocaine 6 %, Gabapentin 10 %, Ketoprofen 10 % apply 2 times daily - 180 gm, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Lidocaine or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. There is no clear documentation of failure of oral medications. Based on the above, Lidocaine 6 %, Gabapentin 10 %, Ketoprofen 10 % apply 2 times daily 180 gm, 2 refills is not medically necessary.