

Case Number:	CM15-0079068		
Date Assigned:	04/30/2015	Date of Injury:	06/08/2011
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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, Hawaii

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 65 year old male, who sustained an industrial injury on 6/8/2011. Diagnoses have included low back pain, lower extremity radiculitis, lumbar spine degenerative disc disease, lumbar disc displacement herniated nucleus pulposus (HNP), bilateral hip internal derangement and bilateral knee internal derangement. Treatment to date has included acupuncture, Localized Intense Neurostimulator Therapy and medication. According to the progress report dated 2/23/2015, the injured worker complained of burning, radicular low back pain and muscle spasms. He rated the pain as 5-6/10. The pain was associated with numbness and tingling of the bilateral lower extremities. He complained of burning, bilateral hip pain and muscle spasms. The injured worker was status post bilateral knee replacement with residual pain. He reported that medications offered him temporary relief of pain and improved his ability to have restful sleep. Exam of the lumbar spine revealed tenderness to palpation and spasms. Exam of the bilateral hips and knees revealed tenderness to palpation. Authorization was requested for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% quantity 180gm and Cyclobenzaprine 2%, Flurbiprofen 25% quantity 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% quantity 180gm: 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): 111-113.

Decision rationale: The patient presents with pain affecting the low back with radiation to the bilateral lower extremities. The current request is for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% quantity 180gm. The patient presents with pain affecting the neck, right shoulder, and right elbow. The requesting treating physician report dated 3/31/15 (96B) states, "The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep." Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not medically necessary. Recommendation is for denial.

Cyclobenzaprine 2%, Flurbiprofen 25% quantity 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory.

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

Decision rationale: The patient presents with pain affecting the neck, right shoulder, and right elbow. The current request is for Cyclobenzaprine 2%, Flurbiprofen 25% quantity 180gm. The requesting treating physician report dated 3/31/15 (96B) states, "The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep." The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "There is no evidence for use of any other muscle relaxant as a topical product." In this case, Cyclobenzaprine is a muscle relaxant and is not recommended as a topical product by the MTUS guidelines. Furthermore, since Cyclobenzaprine is not recommended, the requested topical compound is not medically necessary. Recommendation is for denial.