

Case Number:	CM15-0092575		
Date Assigned:	05/19/2015	Date of Injury:	08/07/2009
Decision Date:	06/25/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/13/2015

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: Emergency 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:

The injured worker is a 65-year-old male, with a reported date of injury of 08/07/2009. The diagnoses include lumbar radiculopathy and lumbar sprain/strain. Treatments to date have included oral medications. The progress report dated 03/11/2015 indicates that the injured worker complained of sharp low back pain with numbness and tingling. He rated the pain 8 out of 10 with medication. The objective findings include a mild antalgic gait, no lesion at the lumbar spine, decreased lumbar spine range of motion, tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles, muscle spasm of the bilateral gluteus and lumbar paravertebral muscles, and positive sitting straight leg raise test. The treating physician requested Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0/025% cream 240 grams; cyclobenzaprine 7.5mg #90; and Gabapentin 10%/Cyclobenzaprine 6%/Bupivacaine cream 240 grams. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 111-112 of 127.

Decision rationale: The patient sustained an injury in August of 2009. Subsequent diagnosis includes lumbar strain and radiculopathy. The patient has persistent pain and has been treated with oral and topical pharmacological therapy. The MTUS guidelines do make recommendations with regard to topical therapy and their indications. The guidelines state the following with regards to anti-inflammatory topical therapy: "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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) 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. (Biswal, 2006) 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." Based on the guidelines, it's use would not be indicated for back pain, and the duration of use is exceeded. The request is not medically necessary.

Cyclobenzaprine 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain, antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 41 of 127.

Decision rationale: The patient sustained an injury in August of 2009. Subsequent diagnosis includes lumbar strain and radiculopathy. The patient has persistent pain and has been treated with oral and topical pharmacological therapy. The MTUS guidelines do make recommendations with regard to cyclobenzapril pharmacologic use and the indications. The guidelines state the following: "Recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. (Clinical Pharmacology, 2008)" The duration of use in this case is exceeded. The request is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 6%, Bupivacaine in cream 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 113 of 127.

Decision rationale: The patient sustained an injury in August of 2009. Subsequent diagnosis includes lumbar strain and radiculopathy. The patient has persistent pain and has been treated with oral and topical pharmacological therapy. The MTUS guidelines do make recommendations with regard to topical therapy and their indications. The guidelines state the following with regards to topical therapy: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." The request is not medically necessary.