

Case Number:	CM15-0096930		
Date Assigned:	05/27/2015	Date of Injury:	03/20/2000
Decision Date:	07/01/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/19/2015

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: 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 63 year old male, who sustained an industrial injury on 3/20/00. Initial complaints were not reviewed. The injured worker was diagnosed as having sprains/strain neck; intervertebral disc disorder with myelopathy lumbar region; thoracic/lumbosacral, neuritis/radiculitis unspecified. Treatment to date has included status post lumbar spine L4-S1 fusion. Diagnostics included CT scan lumbar spine (7/14/14). Currently, the PR-2 notes dated 4/15/15 is hand written. The notes indicated the injured worker complains of cervical and lumbar spine pain described with stiffness and weakness. The pain is causing sleep issues. The objective findings note the cervical and lumbar spine pain is worse with tenderness to palpation, with spasms and sensitivity testing. His straight leg raise is to 60 degrees. The provider documents he has decreased range of motion and strength. A Qualified Medical Examination (QME) dated 5/5/15 indicates the injured worker is prescribed Prilosec 20 mg daily for gastrointestinal (GI) distress. These notes also indicate the injured worker has GI distress and would prefer not to take anti-inflammatory medication and would prefer the transdermal creams. The treatment plan includes continuation of home exercise and rehab and to return to this office in four months. The provider has also requested these medication creams: 2 Ibuprofen 10% cream #60gm, refills unspecified, for symptoms related to the cervical, thoracic, lumbar and sacral spine and Cyclobenzaprine 2% cream #60gm, refills unspecified, for symptoms related to the cervical, thoracic, lumbar and sacral spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Ibuprofen 10% cream #60gm, refills unspecified, for symptoms related to the cervical, thoracic, lumbar and sacral spine: 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 neck and low back pain. The request is for 2 IBUPROFEN 10% CREAM #60GM, REFILLS UNSPECIFIED, FOR SYMPTOMS RELATED TO THE CERVICAL, THORACIC, LUMBAR AND SACRAL SPINE. The request for authorization is not provided. Physical examination reveals tenderness to palpation with spasm. Decreased range of motion with pain. Positive straight leg raise test. Associated symptoms include sleep issues. Treater discussed how it is better to use the creams instead of tablets because of the patient's gastrointestinal distress. The medication will be absorbed through the skin rather than affecting the stomach. Patient is to continue home exercise program and rehab. Per progress report dated 04/15/15, the patient is permanent and stationary. MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." It further states that NSAIDs are indicated for "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." Per progress report dated 04/15/15, treater's reason for the request is "because of the patient's gastrointestinal distress." However, prescription history for this medication is not provided and it is not known how long the patient has been on this topical. The treater does not document or discuss it's efficacy and how it has been or is to be used. Furthermore, topical NSAIDs are indicated for osteoarthritis and tendinitis, which the patient does not present with nor documented by treater. Therefore, the request IS NOT medically necessary.

Cyclobenzaprine 2% cream #60gm, refills unspecified, for symptoms related to the cervical, thoracic, lumbar and sacral spine: 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 neck and low back pain. The request is for CYCLOBENZAPRIN 2% CREAM #60GM, REFILLS UNSPECIFIED, FOR SYMPTOMS RELATED TO THE CERVICAL, THORACIC, LUMBAR AND SACRAL SPINE. The request for authorization is not provided. Physical examination reveals tenderness to palpation with spasm. Decreased range of motion with pain. Positive straight leg raise test. Associated symptoms include sleep issues. Treater discussed how it is better to use the creams instead of tablets because of the patient's gastrointestinal distress. The medication will be absorbed through the skin rather than affecting the stomach. Patient is to continue home exercise program and rehab. Per progress report dated 04/15/15, the patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain

section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 04/15/15, treater's reason for the request is "because of the patient's gastrointestinal distress." However, prescription history for this medication is not provided and it is not known how long the patient has been on this topical. Review of reports shows there is no documentation that patient presents with osteoarthritis, for which NSAID portion of the lotion would be indicated according to MTUS guidelines. Additionally, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.