

Case Number:	CM14-0103762		
Date Assigned:	07/30/2014	Date of Injury:	11/30/2013
Decision Date:	11/19/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 52-year-old female was reportedly injured on November 30, 2013. The mechanism of injury was noted as a trip and fall over a sprinkler head. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of mid back pain, low back pain, right shoulder pain, and right wrist and hand pains. The physical examination demonstrated tenderness over the lumbar spine paraspinal muscles from L1 to S1 with spasms. There was a positive Kemp's test and Yeoman's test. The right-sided Achilles reflex was decreased and sensation in the lower extremities was normal. An examination of the right shoulder noted decreased range of motion and a positive Speed's test, Codman's test, and supraspinatus test. There were tenderness and spasms over the right wrist. Diagnostic imaging study results were unknown. Previous treatment included physical therapy and medications. A request had been made for a topical compound of Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine, and Lidocaine/Gabapentin/Tramadol, and ibuprofen 800 mg and was not certified in the pre-authorization process on June 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen 15%,Cyclobenzaprine 2%, Balcofen 2%, Lidocaine 5%, 180gm , 2 refill:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical Analgesic. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are an option with certain indications, also noted to be "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The MTUS also noted that there is little to no research to support the use of many of these agents. The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. The efficacy of the clinical trials was noted to be "inconsistent" and the studies were too small of or of too short duration; it is also noted that this is superior to placebo for up to 12 weeks. After that time frame, the efficacy diminishes. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not medically necessary.

Ibuprofen 800mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 71-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67.

Decision rationale: Plan Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. This is noted in the guidelines to be a traditional first-line of treatment. However, "long-term use may not be warranted." When noting the claimant's diagnosis and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. The request is considered medically necessary and recommended.

Lidocaine 6%, Gabapentin 10% , tramadol 10% compound 180gm , 2 refills: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Specifically, topical gabapentin is "not recommended." Also noted in the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. As such, a combination topical product that includes gabapentin would be by guideline definition not medically necessary.

