

Case Number:	CM14-0141822		
Date Assigned:	09/10/2014	Date of Injury:	05/23/2013
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 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 injured worker is a 53-year-old male who sustained an injury due to CT from 05/23/12 to 05/23/13. He complains of intermittent frequent upper back pain, rated as mild to occasionally moderate radiating to his bilateral arms and shoulders and intermittent frequent lower back pain, rated as mild to occasionally moderate radiating pain through the entire back and down the bilateral legs. On exam of cervical spine, he has limited range of motion (ROM) due to pain; positive crepitus on the left and impingement signs bilaterally with limited ROM due to pain. Magnetic resonance imaging (MRI) of the bilateral shoulder on 08/09/14 revealed acromion to be laterally downsloping, osteoarthritis, tendinosis, synovial effusion, subcortical cysts in the humeral head and subacromial bursitis. MRI of cervical spine on 08/09/14 revealed disc desiccation with broad-based disc protrusion and bilateral maxillary sinus inflammatory disease. MRI of lumbar spine on 08/09/14 revealed disc desiccation with broad-based posterior which causes stenosis of the spinal canal. Diagnoses included cervical and lumbar spine sprain/strain with myospasms; bilateral shoulder sprain/strain with impingement; lumbar radiculopathy, peripheral neuropathy, cervical and lumbar spine multi-level disc protrusion and disc desiccation; bilateral shoulder osteoarthritis, tendinosis, effusion, and bursitis. he request for 240 g Flurbiprofen 25%, Cyclobenzaprine 2% 240 g Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240 g Flurbiprofen 15%, Tramadol 15% 240 g Capsaicin 0.025% Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% was denied on 08/20/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

240gm Flurbiprofen 25 percent Cyclobenzaprine 2 percent: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the guidelines cyclobenzaprine is not recommended for topical application. There is no peer-reviewed literature to support their use. Furthermore, according to the California Medical Treatment Utilization Schedule MTUS/ Official Disability Guidelines (ODG), the only non-steroidal anti-inflammatory drugs (NSAID) that is FDA approved for topical application is diclofenac (Voltaren 1% Gel; Clinical trial data suggest that diclofenac sodium gel provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events). Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.

240gm Gabapentin 10 percent Lidocaine 5 percent Tramadol 15 percent: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Per the California (MTUS) guidelines, Gabapentin and Tramadol are not recommended for topical use. There is no peer-reviewed literature to support use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request is not medically necessary according to the guidelines.

240gm Flurbiprofen 15 percent tramadol 15 percent: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the California MTUS/ Official Disability Guidelines (ODG), the only non-steroidal anti-inflammatory drugs (NSAID) that is FDA approved for topical application is diclofenac (Voltaren 1% Gel; Clinical trial data suggest that diclofenac sodium gel provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events). Furthermore, Tramadol is not recommended for topical use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested compound is not established per guidelines.

240gm Capsaicin 0.025 percent flurbiprofen 15 percent Tramadol 15 percent Menthol 2 percent Camphor 2 percent: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents, as they are largely experimental. There is no evidence based guidelines to demonstrate the efficacy of Menthol in the form of topical compounded cream. According to the guidelines Tramadol is not recommended for topical application. There is no peer-reviewed literature to support their use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary according to the guidelines.