

Case Number:	CM13-0041551		
Date Assigned:	12/20/2013	Date of Injury:	04/23/2012
Decision Date:	02/18/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 patient is a 34-year-old male who sustained a work-related injury to his low back on 04/23/12 while stacking bags. In an office visit with [REDACTED] on 08/08/13, the patient complained of cervical pain radiating to both elbows and lower lumbar pain with numbness and weakness radiating down to his posterior thigh and leg into the dorsum and surface of the both feet. Physical examination of the lumbar spine revealed lumbar and paraspinal tenderness, painful and limited range of motion, positive trigger points and inconclusive straight leg raise bilaterally. The patient was diagnosed with lumbar spine intervertebral disc disorder and cervical spine sprain and strain. The patient was then recommended for physical therapy and a referral to a psychologist for his anxiety. In a follow-up visit with [REDACTED] on 09/05/13, the patient presented with cervical pain with loss of range of motion and poor extension due to posterior neck pain radiating into the arms up to the elbow with left greater than the right and lumbar pain radiating in the posterior leg and feet. He also reported that he had abdominal discomfort with naproxen which he did not have with ibuprofen. The patient was diagnosed with lumbar spine intervertebral disc disorder, cervical spine sprain and strain and anxiety. [REDACTED] recommended the patient to continue Gabapentin and prescribed ibuprofen as needed with the use of Protonix. A referral to a psychologist was also made. At issue for lack of medical necessity is the prescription for topical analgesics compound: pant/cycl/flur/gaba/tram duration and frequency unknown dispensed on 09/05/2013 for lumbar) which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy: Upheld

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

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

Decision rationale: According to Ca- MTUS, the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006). Many agents are compounded as mono-therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines page 113, there is no evidence for use of any muscle relaxant such as cyclobenzaprine as a topical product. Therefore the request for topical pant/cycl/flur/gaba/tram duration and frequency unknown dispensed on 09/05/2013 for lumbar) is not medically necessary.