

Case Number:	CM13-0057609		
Date Assigned:	12/30/2013	Date of Injury:	11/02/2009
Decision Date:	06/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, 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 patient is an employee of [REDACTED] and has submitted a claim for a lumbar disc bulge and lumbar radiculitis associated with an industrial injury date of 11/02/2009. Treatment to date has included home exercise, acupuncture, lumbar epidural steroid injection, and medications. Current medications include lisinopril, Xanax, Ambien, Restoril, Lidoderm 5% patch, and Norco. A utilization review from 11/19/2013 denied the request for CMPD - fluticasone, levocetirizine, pentoxifylline, prilocaine, gabapentin, Vitamin E, Pracasil TM plus gel topical analgesic 360 gms, day's supply: 30 because there is little to no research to support the use of these topical compound formulations. Medical records from 2012 to 2013 were reviewed showing that patient has been complaining of chronic low back pain graded 7-8/10 radiating to the left lower extremity associated with numbness and tingling. The patient stated that medications can alleviate the pain. Physical examination showed tenderness from L1 to sacrum paravertebral muscles. Lumbar range of motion was unremarkable. Motor strength was 5/5 at all extremities. Deep tendon reflexes were equal and symmetric. Straight leg raising from the supine position was positive. Gait was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND: FLUTICASONE, LEVOCETIRIZINE, PENTOXIFYLLINE, PRILOCAINE, GABAPENTIN, VITAMIN E, PRACADIL TM 380GM (30 DAY SUPPLY): Upheld

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

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

Decision rationale: As stated in pages 111-113 of MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Chronic Pain Guidelines does not address the component medications individually except for Gabapentin. Fluticasone propionate / furoate is a topical anti-inflammatory. Levocetirizine is a third generation, non-sedative antihistamine. Pentoxifylline is a xanthine derivative primarily used in treating intermittent claudication resulting from peripheral artery disease. Prilocaine is a local anesthetic commonly used for dermal anesthesia. Gabapentin is an anti-epilepsy drug shown to be effective for treatment of diabetic painful neuropathy and has been considered as a first-line treatment for neuropathic pain. Vitamin E has many biological functions, the antioxidant function being the most important. PracaSil is made from Pracaxi oil which has anti-inflammatory, antioxidant, antibacterial and antifungal properties. The MTUS Chronic Pain Guidelines further states that any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the indication for the prescription of this compound topical medication was not found in any documentation. There is no discussion concerning the need for variance from the MTUS Chronic Pain Guidelines. The request is therefore not medically necessary and appropriate.