

Case Number:	CM13-0059007		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2010
Decision Date:	05/15/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Arizona. 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 a 53-year-old female with a date of injury on 8/19/10. Since the injury, this injured worker has been complaining of back pain. She has undergone significant treatment which has consisted of physical therapy as well as aquatic therapy, lumbar epidural injections, chiropractic care and acupuncture. She has required the use of opiates such as morphine and hydrocodone for pain relief. She has also been taking muscle relaxants, M.D. spasticity drugs as well as gabapentin. Her physician in October, 2013, also recommended she continued use of topical compounded cream KGLBC plus TAD. She has undergone MRI lumbar spine which showed disc bulges, electromyography (EMG) showed in active radiculopathy. The topical compounded cream was recommended as additional treatment but the area to be treated was not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED CREAM OF KGLBC PLUS TAD #120G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111. Decision based on Non-MTUS Citation ODG Pain (Updated 06/07/2013), Compound Drugs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), COMPOUNDED DRUGS AND TOPICAL ANALGESIC SECTION.

Decision rationale: The MTUS and official disability guidelines as stated below do not recommend the use of topical compounds since adequate research and scientific evidence does not exist. This compound cream is recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is 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 monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, α -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, β 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 these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. For example, see Duragesic[®] (fentanyl transdermal system). This particular patient has been treated extensively as described above including continued use of numerous medications. Additional use of compounded cream would not make a substantial difference and therefore not recommended. The area to be treated is not specified by the treating physician. The topical compounded creams containing gabapentin and local anesthetics have been indicated for possible use in neuropathic pain. Low back pain is not considered to be neuropathic pain, therefore the compounded creams of KGLBC plus TAD #120g is not medically necessary and appropriate.