MAXIMUS Federal Services

Case Number:	CM14-0009758		
Date Assigned:	02/21/2014	Date of Injury:	01/09/2013
Decision Date:	07/03/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 67-year-old female who reported an injury on 01/09/2013; the mechanism of injury was a motor vehicle accident. The injured worker complained of intermittent mild neck pain and intermittent mild to moderate lower back pain. The physical examination dated 10/15/2013 indicated range of motion of the cervical spine showed forward flexion to 40 degrees, extension to 40 degrees, right lateral bending to 45 degrees, left lateral bending to 45 degrees, right rotation to 45 degrees and left rotation 45 to degrees. Range of motion of the lumbar spine demonstrated flexion to 65 degrees, extension to 30 degrees, right lateral bending to 35 degrees, left lateral bending to 35 degrees, right rotation to 40 degrees and left rotation to 30 degrees. There was notable improvement in range of motion to the cervical and lumbar spine compared with the progress note dated 08/20/2013. In the supine and sitting positions, straight leg raise was negative. The electromyography study and nerve conduction study dated 08/30/2013 revealed L5 radiculopathy. The MRI of cervical spine dated 07/09/2013 showed multilevel spondylosis lumbar spine showed 5mm disc bulge at L3-L4, L4-L5 4mm disc bulge, L5-S1 3mm disc bulge. The injured worker had chiropractor sessions two times per week for three weeks. Diagnoses for the injured worker included headache, neck sprain/strain, cervical disc protrusion, cervical spondylosis, cervical spinal stenosis, thoracic sprain/strain and lumbar sprain/strain. Past medical treatment included chiropractor sessions, physical therapy and hot/cold packs. Medications were Voltaren, Prevacid, Metformin and Amlodipine. Pain without medications was 9/10 and with medications, pain was 6-7/10. The treatment plan included the addition of compounded-gabapentin/cyclobenzaprine/tramadol with a quantity of 180 and compound-flurbiprofen/ lidocaine/amitriptyline with a quantity of 180. The provider recommended the compound medications to decrease pain and help increase sleep. The request for authorization form was submitted on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND-FLURBIPROFEN/ LIDOCAINE/ AMIYTRIPTYlINE/ PCCA LIPO DAY SUPPLY: 20; QTY: 180; REFILLS 0: Upheld

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

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

Decision rationale: The request for compounded- flurbiprofen/lidocaine/amitriptyline quantity 180 is non-certified. The injured worker has improved range of motion with residual deficits and continued pain. The California Medical Treatment Utilization Schedule (MTUS) states topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Non-steroidal topical NSAID's are not recommended for neuropathic pain. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note any compound containing at least one drug, or drug class that is not recommended is not recommended. The request does not state directions for the medication use. Within the provided documentation, there is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis or tendinitis to a site, which would be amenable to topical treatment. Additionally, as Lidocaine is not recommended in the form of creams, lotions, or gels and the guidelines indicate any compound containing a drug that is not recommended would not be recommended, the medication would not be indicated. Therefore, the request is not medically necessary.

COMPOUNDED-GABAPENTIN/ CYCLOBENZAPRIN/ TRAMADOL/ PCCA LIPO DAY SUPPLY: 20; QTY: 180; REFILLS: 0: 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): 111-113.

Decision rationale: The request for compound-gabapentin/cyclobenzaprine/tramadol quantity 180 is non-certified. The injured worker has improved range of motion with residual deficits and continued pain. The California Medical Treatment Utilization Schedule states topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety.

Gabapentin is not recommended by guidelines, as there is no peer-reviewed literature to support use. In addition, MTUS states there is no evidence for use of any other muscle relaxant as a topical product. The guidelines note any compound containing at least one drug, or drug class that is not recommended is not recommended. As Gabapentin and Cyclobenzaprine are not recommended for topical application, and the guidelines indicate any compound containing a drug that is not recommended would not be recommended, the medication would not be indicated. Therefore, the request is not medically necessary.