

Case Number:	CM14-0102662		
Date Assigned:	07/30/2014	Date of Injury:	08/27/2009
Decision Date:	09/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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, has a subspecialty in Pain Management 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 62-year-old patient who sustained an industrial injury on 08/27/2009. Diagnoses include lumbar spine sprain/strain rule out disc displacement and rule out lumbar radiculopathy. Mechanism of injury occurred all working as a maintenance worker when he was bent over to pull weeds out of the bushes and suddenly felt a pull and sharp pain to his low back. Previous treatment has included injections, medications, physical therapy, acupuncture, MRI, x-rays, and multiple evaluations. A request for medication compound gels was not uncertified at utilization review on 06/12/14, with the reviewing physician noting that the patient complained of radicular low back pain for which the M.D. is requesting compound medications. However, compound delivery systems are not generally FDA approved as the mechanism by which the drugs are delivered and its efficacy has not been extensively studied. It was noted this appears to be off label usage of these medications and is therefore not medically necessary. An MRI of the lumbar spine dated 01/10/14 revealed multilevel disc protrusions with neural foraminal narrowing at L4-L5 and L5-S1. There was grade 1 retrolisthesis of L5 over S1. There is a request for authorization form dated 06/19/14 indicating a request for multiple compounded topical gels as well as multiple oral suspension compounding kits. Progress note dated 06/16/14 revealed patient complained of burning, radicular low back pain rated at 9/10 described as constant, moderate to severe. He reports that symptoms persist, but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. Pain is also alleviated by activity restrictions. Physical examination revealed tenderness to palpation over the lumbar paraspinal muscles and lumbosacral junction. There is also tenderness to palpation at the bilateral PSISs, with trigger point noted at the quadratus lumborum. Tripod sign, flip test, and Lasegue's differential were positive. There was slightly decreased sensation at the L4, L5 and S1 dermatomes bilaterally. It was recommended the patient undergo a pain management

consultation, shockwave therapy, and multiple medications were prescribed including topical Ketoprofen 20% cream and topical cyclobenzaprine 5% cream, Dicopanol, Deprizine, Fanatrex, Synapryn, Tabradol oral suspension compounding kits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Compound Gels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain Section, Subsection Medication-Compound Drugs.

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

Decision rationale: Regarding topical analgesics, the CA MTUS states "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the requested formulation is not specified, including the specific ingredients that are being requested and this compounded topical medication. There is no documentation of failure of first-line oral agents such as antidepressants and/or anticonvulsants for the treatment of the patient's neuropathic pain. There is no rationale indicating why the patient would benefit from compounded topical creams over traditional oral agents. Therefore, the requested medication compound gels are not medically necessary.