MAXIMUS Federal Services

Case Number:	CM14-0019863		
Date Assigned:	02/21/2014	Date of Injury:	10/10/2012
Decision Date:	07/21/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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 a 28-year-old female who has submitted a claim for re-injury of lumbar spine with radicular symptoms of bilateral lower extremities, associated with an industrial injury date of October 10, 2012.Medical records from 2013 through 2014 were reviewed. The progress report, dated 11/22/2013, showed bilateral leg pain with the right greater than the left. The pain radiated to both the right knee and mid-thigh on the left. There was low back pain at 9/10 occurring constantly. Physical examination revealed difficulty with standing coming from a sitting position. She was able to ambulate with a slight limp favoring the right lower extremity. The patient was able to tip-toe and heel walk with discomfort to the back. Limitation in the range of motion was noted. The axial load pain was negative, but straight leg raise test was positive on the left and negative on the right. There was altered sensation over the lateral and medial aspect of the left calf muscle. There was no gross atrophy of thigh or calf. The patient had a lumbar microdiscectomy (12/31/2012) to correct the disc herniation unrelated to industrial injury.Treatment to date has included physical therapy and medications which include a topical medication prescribed November 2013.Utilization review from 01/15/2014 denied the request for the purchase of Compound 180gm topical x 20 days, no refills, Gabapentin (anticonvulsant), Cyclobenzaprine (muscle relaxant), Tramadol (analgesic) and Compound 180gm topical x 20 days, no refills, Flurbiprofen (NSAID), Lidocaine (anesthetic), Amitriptyline (antidepressant/antineuralgic) because these compounded products contained certain components that were not recommended by the current guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND 180GM TOPICALX20 DAYS , NO REFILLS, GABAPENTIN(ANTICONVULSANT), CYCLOBENZAPRINE(MUSCLE RELAXANT), TRAMADOL (ANALGESIC): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Topical compound contained Gabapentin (anticonvulsant), Cyclobenzaprine (muscle relaxant), and Tramadol (analgesic). According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. There is no evidence for use of Cyclobenzaprine as a topical product. Gabapentin is not supported for its use as topical application. Regarding Tramadol, it is indicated for moderate to severe pain, but is likewise not recommended for topical use. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound product as stated above contained components that are not recommended for topical application. Therefore, the request for Compound 180gm topical times 20 days, no refills, Gabapentin (anticonvulsant), Cyclobenzaprine (muscle relaxant), Tramadol (analgesic) is not medically necessary.

COMPOUND 180GM TOPICALX20 DAYS, NO REFILLS, FLURBIPROFEN (NSAID, LIDOCAINE(ANESTHETIC) , AMITRIPYLINE(ANTIDEPRESSANT/ANTINEURALGIC): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: Topical compound contained Flurbiprofen (NSAID), Lidocaine (anesthetic), and Amitriptyline (antidepressant/antineuralgic). According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. There is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compound product as stated above contained components that are not recommended for topical application. Therefore, the request for Compound 180gm topical times 20 days, no refills, Flurbiprofen (NSAID), Lidocaine (anesthetic), Amitriptyline (antidepressant/antineuralgic) is not medically necessary.