

Case Number:	CM14-0119295		
Date Assigned:	08/06/2014	Date of Injury:	10/20/2011
Decision Date:	09/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/28/2014

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 Preventive 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:

According to the records made available for review, this is a 54-year-old male with a 10/20/11 date of injury. At the time (6/16/14) of request for authorization for CMPD- Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, Gabapentin 105, Cyclobenzaprine 10%, Capsaicin 0.0375%, there is documentation of subjective (constant neck pain with radiation to the bilateral upper extremities with associated numbness and tingling; constant low back pain radiating to the bilateral lower extremities with associated numbness and tingling; and anxiety/depression) and objective (positive Hoffman's sign, hyperreflexia and weakness of the deltoids, biceps and triceps; diffuse tenderness and spasms throughout the neck with severe restricted motion, and positive compression and Spurling's maneuvers) findings, current diagnoses (herniated nucleus pulposus at L4-L5 with lower extremity radicular pain and paresthesias, cervical spine spondylosis, thoracic sprain/strain, status post left interlaminar laminotomy at L4-5 and microdiscectomy at L4-5 on 7/18/13, and cervical stenosis), and treatment to date (lumbar spinal surgery and ongoing therapy with topical medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD- Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, Gabapentin 105, Cyclobenzaprine 10%, Capsaicine 0.0375%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Non-Steroidal Anti-Inflammatory Agents (NSAIDs).

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus at L4-L5 with lower extremity radicular pain and paresthesias, cervical spine spondylosis, thoracic sprain/strain, status post left interlaminar laminotomy at L4-5 and microdiscectomy at L4-5 on 7/18/13, and cervical stenosis. However, the requested compounded medication contains at least at least one drug (Gabapentin and Capsaicin in a 0.0375% formulation) and drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for CMPD- Flurbiprofen 20%, Ketoprofen 20%, Ketamine 10%, Gabapentin 105, Cyclobenzaprine 10%, Capsaicin 0.0375% is not medically necessary.