

Case Number:	CM14-0119329		
Date Assigned:	09/24/2014	Date of Injury:	03/01/2012
Decision Date:	10/24/2014	UR Denial Date:	07/09/2014
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 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:

This is a 47-year old female with a date of injury of 3/1/12. The mechanism of injury occurred when she attempted to lift a heavy object and felt sharp pain in her low back to her bilateral lower extremities. On 6/6/14 she complained of constant sharp pain in the lumbar spine rated 7/10. The bilateral wrist pain was intermittent with numbness and tingling. On exam the lumbar spine showed tenderness to palpation and muscle spasm of the paravertebral muscles. The bilateral wrists exam was normal. The diagnostic impression is lumbar disc protrusion, lumbar sprain/strain, s/p (status post) lumbar spine surgery, and carpal tunnel syndrome. Treatment to date: surgery, physical therapy, acupuncture therapy, EMG/NCV of lumbar spine, medication management, epidural injections. A UR decision dated 7/9/14 denied the requests for Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180gm, and Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180gm. The rationale for denial was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesic, Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the compounded ointment and/or cream requested contain gabapentin, lidocaine, and tramadol. Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines do not recommend gabapentin, and lidocaine for topical application. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why gabapentin, lidocaine, and tramadol topical analgesic would be required in this patient despite lack of guideline support was not identified. Therefore, the request for Gabapentin 10%, Lidocaine 5%, and Tramadol 15% 180gm is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2% Camphor 2%, 180gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, many agents are compounded as mono-therapy or in combination for pain control, including NSAIDs, but 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. Flurbiprofen is a NSAID, similar to Ketoprofen, which is not recommended for topical use. 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. A specific rationale identifying why Capsaicin, Flurbiprofen, Tramadol, Menthol, and Camphor ointment and/or cream for topical analgesic use would be required in this patient despite lack of guideline support was not identified. Therefore, the request for Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, and Camphor 2% 180gm is not medically necessary.