

Case Number:	CM14-0146040		
Date Assigned:	09/12/2014	Date of Injury:	08/30/2010
Decision Date:	11/18/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 64 year old female who reported a date of injury of 08/30/2010. The mechanism of injury was reported as a lifting injury. The injured worker had diagnoses of lumbar strain, radiculitis, gastritis and lumbar spine disc injury. Prior treatments included physical therapy, chiropractic treatment and acupuncture. The injured worker had an MRI, x-ray and echocardiogram of unknown dates. Surgeries were not indicated within the medical records received. The clinical note dated 06/23/2014 noted the injured worker had complaints of burning lower back pain with numbness in the lower extremities bilaterally after sitting, walking or standing for longer than 3-4 minutes. The injured worker had difficulty raising from a sitting position, a positive straight leg raise on the right, pain with active range of motion and an antalgic gait of the left leg without a cane. Medications included Protonix, Naproxen and Norco. The treatment plan included the physician's recommendation for the injured worker to continue with [REDACTED] for bariatric surgery, to continue with treatment from [REDACTED] an internist and for the injured worker to be reevaluated on an as needed basis. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Gabapentin, Baclofen, Cyclobenzaprine, Flurbiprofen, Lidocaine, & PCCA Lidoderm cream base: 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 Gabapentin, Baclofen, Cyclobenzaprine, Flurbiprofen, Lidocaine, & Pcca Lidoderm cream base is not medically necessary. The injured worker had complaints of burning lower back pain with numbness in the lower extremities bilaterally after sitting, walking or standing for longer than 3-4 minutes. The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. 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 and use with neuropathic pain is not recommended as there is no evidence to support use. The guidelines do not recommend Gabapentin, Baclofen, or other muscle relaxants for topical application as there is no peer-reviewed literature to support use. Topical lidocaine, in the formulation of a dermal patch 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. There is a lack of documentation indicating the injured worker has osteoarthritis or tendinitis to a joint amenable to topical treatment. The requested compound contains Gabapentin, Cyclobenzaprine, Baclofen, and Lidocaine in cream form, which are not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be supported. Additionally, the request as submitted does not indicate a frequency of the medication, dose, quantity, or a site for application. As such, the request is not medically necessary.