

Case Number:	CM14-0152616		
Date Assigned:	09/22/2014	Date of Injury:	02/04/2011
Decision Date:	10/22/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Georgia. 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 56-year-old female who was injured on 02/04/2011. The mechanism of injury is unknown. MRI of the cervical spine performed on 09/21/2012. Report documents: 1) 1.5 to 2 mm noncompressive central protrusion from C3-4 and C4-5, 2) Degenerative disc disease at C5-C6. 2 to 2.5 mm broad based and right posterolateral endplate osteophytic ridge with mild to moderate right foraminal stenosis and mild spinal stenosis; 3) C6-C7 degenerative disc disease. 2 to 2.5 mm broad based and left posterolateral endplate osteophytic ridge with mild left foraminal stenosis, and mild spinal stenosis. MRI of the lumbar spine performed 09/21/2012. Findings reported included: 1) L3-L4 mild degenerative disc disease. 3 mm predominantly left foraminal protrusion with an annular fissure, touching the left L3 nerve root. Mild spinal and left foraminal stenosis. Mild facet arthrosis; 2) L4-L5 mild degenerative disc disease. 3 mm broad based and left lateralizing protrusion. Mild to moderate facet arthrosis, worse on the right side. The UR dated 09/02/2014 cites a progress report dated 08/21/2014; this was not included for review. According to the UR, the patient was seen on 08/21/2014 and the patient indicated she was having right shoulder and bilateral wrist complaints. On exam, she was noted to have right shoulder impingement, bilateral wrist tendonitis, and positive L5 Yeoman's with additional information being illegible. She was diagnosed with cervical spine discopathy, right shoulder calcific tendinitis; right wrist strain/sprain; right carpal tunnel syndrome, right peroneal tendinitis; and left carpal tunnel syndrome. A recommendation was made for topical compound medications. Prior utilization review dated 09/02/2014 states the requests for Gaba/Cyclo/Lido 10/1/5% 180gm; and Caps/Flur/Trama/Menth/Camp 0.0375/6.5/5/2/2% 180gm is not medically necessary as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/Cyclo/Lido 10/1/5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Lidocaine, Topical, and Lidoderm Patch.

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

Decision rationale: The Medical Treatment Utilization Schedule guidelines note that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, Opioids, Capsaicin, Local Anesthetics, Antidepressants, Glutamate Receptor Antagonists, Alpha-Adrenergic Receptor Agonists, Adenosine, Cannabinoids, Cholinergic Receptor Agonists, Gamma-Agonists, Prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic Amines, and nerve growth factors. MTUS notes there is little to no research to support the use of many of these agents. MTUS also points out "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. " For the purposes of this review, it is presumed that "Gaba" refers to Gabapentin, "Cyclo" refers to Cyclobenzaprine, and "Lido" refers to Lidocaine. MTUS notes that, for muscle relaxants other than baclofen, "there is no evidence to support use of any other muscle relaxant as a topical product. " Gabapentin is not recommended by MTUS. Topical Lidocaine is recommended for treatment of neuropathic pain only. Other than Lidoderm patches, no other commercially approved topical formulation of Lidocaine are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and Anti-Pruritics. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Caps/Flur/Trama/Menth/Camp 0.0375/6.5/5/2/2% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical, Topical NSAIDs, Menthol.

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

Decision rationale: The Medical Treatment Utilization Schedule guidelines note that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including NSAIDs, Opioids, Capsaicin, Local Anesthetics, Antidepressants, Glutamate Receptor Antagonists, Alpha-Adrenergic Receptor Agonists, Adenosine, Cannabinoids, Cholinergic Receptor Agonists, Gamma-Agonists, Prostanoids, Bradykinin, Adenosine Triphosphate, Biogenic Amines, and nerve

growth factors. MTUS notes there is little to no research to support the use of many of these agents. MTUS also points out "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. " For the purposes of this review, "Caps" is presumed to be Capsaicin, "Flur" is presumed to be Flurbiprofen, "Tram" is presumed to be Tramadol, "Menth" is presumed to be Menthol. Documentation does not specify, nor am I able to determine what "Camp" is intended to represent. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The 0.0375% formulation of Capsaicin has been inadequately studied, and evidence is lacking to demonstrate that this increase over the 0.025% formulation provides further efficacy. Flurbiprofen is a Non-Steroidal Anti-Inflammatory Drug (NSAID). NSAIDs have been shown to be more effective than placebo in treating osteoarthritis, and have demonstrated some efficacy for chronic musculoskeletal pain. Diclofenac is currently the only FDA approved topical NSAID at present. MTUS does not comment specifically regarding topical Tramadol. MTUS does not provide specific commentary regarding topical Menthol. Given the inclusion of agents specifically not recommended by evidence based guidelines, based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.