

Case Number:	CM14-0169186		
Date Assigned:	10/17/2014	Date of Injury:	06/02/2011
Decision Date:	11/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 45 year old male with date of injury of 6/2/2011. A review of the medical records indicates that the patient is undergoing treatment for cervical and lumbar strain and sprain. Subjective complaints include continuing 7/10 pain in his lower back without radiation to the lower extremities; 7/10 pain in his neck with no radiation to upper extremities; pain in bilateral shoulders. Objective findings include limited range of motion of the cervical spine and shoulders; reduced range of motion of the lumbar spine with tenderness upon palpation of the paraspinals; negative straight leg raise. Treatment has included Norco. The utilization review dated 10/3/2014 non-certified four topical analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Flurbi/cyclo/baclo/lido 15/2/2/5%, 120gm (through [REDACTED]) between 9/5/14 and 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (Acute & Chronic), Topical Medications and Cyclobenzaprin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Baclofen is "Not recommended." Therefore, the request for Flurbi/cyclo/baclo/lido 15/2/2/5%, 120gm is not medically necessary.

One (1) prescription for Flurbi/baclo/diclof 10/2/2/3% 120gm (through [REDACTED] [REDACTED]) between 9/5/14 and 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (Acute & Chronic), Topical Medications, and NSAIDs, and V.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Baclofen is "Not recommended." Therefore, the request for Flurbi/baclo/diclof 10/2/2/3% 120gm is not medically necessary.

One (1) prescription for Lido/gaba/keto 6/10/10%, 120gm (through [REDACTED] [REDACTED]) between 9/5/14 and 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (Acute & Chronic), Topical Medications and Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." Therefore, the request for Lido/gaba/keto 6/10/10%, 120gm is not medically necessary.

One (1) prescription for Gaba/lido 6/2%, 120gm (through [REDACTED]) between 9/5/14 and 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (Acute & Chronic), Topical Medications and Topical Gabape.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Therefore, the request for Gaba/lido 6/2%, 120gm is not medically necessary.