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| Case Number: | CM14-0173912 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 04/06/2009 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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 and is licensed to practice in Tennessee, North Carolina and 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 injured worker is a 57-year old male who reported an injury on 05/23/2009. The injury reportedly occurred while he was pushing a big dumpster and he suddenly felt a pulling sensation in his back. He is diagnosed with lumbago and lumbar radiculitis. His past treatments include medications. His diagnostic studies included an MRI of the lumbar spine performed on 07/25/2014. No pertinent surgical history was provided. On 06/26/2014, the injured worker reported constant low back pain that caused weakness in the left leg. No physical examination was provided. The treatment plan included medications and a urine drug screening. The most recent note dated 09/18/2014, the injured worker reported continuous low back pain. Upon physical examination, he was noted to have a negative straight leg raise test and no weakness. A request for Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% and Flurbiprofen 20%/Tramadol 20%/Cyclobenzaprine 4% was submitted; however, the rationale for the request was not submitted. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10%: Upheld

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

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

Decision rationale: The request for Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In regard to Gabapentin, the guidelines do not recommend Gabapentin because there is no peer-reviewed literature to support topical use. There was lack of documentation regarding failure of antidepressants and anticonvulsants. There is no rationale why the injured worker would require a topical medication versus oral medication. The quantity and frequency for the proposed medication were also not provided. In the absence of the above information and as the request includes gabapentin which is not recommended, the proposed compounded product is not supported. As such, the request is not medically necessary.

Flurbiprofen 20%/Tramadol 20%/Cyclobenzaprine 4%: Upheld

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

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

Decision rationale: The request for Flurbiprofen 20%/Tramadol 20%/Cyclobenzaprine 4% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was lack of documentation regarding failure of antidepressants and anticonvulsants. In regard to flurbiprofen, the guidelines recommend for osteoarthritis and tendinitis, in particular of the knee and elbow or other joints that are responsive 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 injured worker did report neuropathic pain; however, there is lack of evidence that the injured worker is diagnosed with osteoarthritis. In regards to Cyclobenzaprine, the guidelines do not recommend because there is no evidence for use of any other muscle relaxant as a topical product. Furthermore, the dose and frequency for the proposed medication were also not provided. In the absence of the above information and as the request includes flurbiprofen and cyclobenzaprine which are not recommended, the proposed compounded product is not supported. As such, the request is not medically necessary.

