

Case Number:	CM14-0186113		
Date Assigned:	11/14/2014	Date of Injury:	08/11/2003
Decision Date:	12/22/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 54 year old female with an injury date of 08/11/03. Based on the 10/09/14 progress report provided by treating physician, the patient complains of right hip, knee, groin and bilateral shoulder pain rated 8-10/10. She is status post right shoulder surgery March 2013. Current medications include Percocet and MS Contin. Diagnosis 10/09/14- pain in limb- pain in joint- mild overweight, BMI 27.59- depressive disorder NEC- status post total hip arthroscopy, right- hypothyroidism- smoker 5 pack/day- right shoulder surgery March 2013, non-industrial. The utilization review determination being challenged is dated 10/31/14. Treatment reports were provided from 03/19/14 - 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% 150gms cream (Flurbiprofen powder 30gms, Lidocaine 7.5gms, Versapro Base CR 112.5gms): 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.

Decision rationale: The patient presents with right hip, knee, groin and bilateral shoulder pain rated 8-10/10. The request is for Flurbiprofen 20% 150GMS cream (Flurbiprofen Powder 30GMS, Lidocaine 7.5GMS, Versapro Base CR 112.5GMS). The patient is status post right shoulder surgery March 2013 and right total hip arthroscopy date unspecified. Current medications include Percocet and MS Contin. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The treating physician has not provided reason for the request, nor documented what body part will be treated with requested cream. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, and Lidocaine, which are not supported for topical use in lotion form per MTUS. The request is not medically necessary and appropriate.

Gabapentin 10% 150gms cream (Gabapentin DS 15gms, Amitriptylin 7.5gms, Capsaicin .0375gms, Versapro Base CR 127.46gms): 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.

Decision rationale: 10/10. The request is for Gabapentin 10% 150gms cream (Gabapentin DS 15GMS, Amitriptylin 7.5gms, Capsaicin 0.0375gms, Versapro Base CR, 127.46gms). Current medications include Percocet and MS Contin. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended." The treating physician has not provided reason for the request, nor documented what body part will be treated with requested cream. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin which is not supported for topical use per MTUS. The request is not medically necessary and appropriate.

Cyclobenzaprine 10% cream (Cyclobenzaprine 15gms, Lidocaine 3gms, Versapro Base CR 132gms): 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.

Decision rationale: The patient presents with right hip, knee, groin and bilateral shoulder pain rated 8-10/10. The request is for Cyclobenzaprine 10% 5gms, Lidocaine 3gms, Versapro Base CR 132gms. Current medications include Percocet and MS Contin. The MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treating physician has not provided reason for the request, nor documented what body part will be treated with requested cream. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine and Lidocaine which is not supported for topical use per MTUS. The request is not medically necessary and appropriate.