

Case Number:	CM14-0048186		
Date Assigned:	07/02/2014	Date of Injury:	05/19/2012
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/16/2014

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 Illinois. 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 44-year-old male who reported an injury on 05/19/2012 while carrying carpet. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included multiple medications, activity modifications, physical therapy, and LINT therapy. The injured worker was evaluated on 03/04/2014. It was documented that the injured worker had complained of moderate low back pain rated at 5/10 radiating into the bilateral lower extremities. Physical findings included limited range of motion secondary to pain with a positive straight leg raising test bilaterally and a positive bilateral Kemp's test. The injured worker had decreased sensation in the right lower extremity and tenderness to palpation of the right side paravertebral musculature. The injured worker's diagnoses included lumbosacral disc degeneration, chronic L5 radiculopathy, and insomnia. The injured worker's treatment plan included biofeedback therapy, a continuation of medications, and compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines-Lumbar and Thoracic, Online Version, Updated 3/18/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40. Jongen, J. L., Hans, G., Benzon, H. T., Huygen, F., & Hartrick, C. T. (2014). Neuropathic pain and pharmacological treatment. Pain Practice, 14(3), 283-295.

Decision rationale: The requested Gabapentin/Amitriptyline/Dextromethorphan 10/10/10% is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not support the use of Gabapentin in a topical formulation as there is little scientific evidence to support the efficacy and the safety of this medication in a topical formulation. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the topical use of Amitriptyline or Dextromethorphan. Peer-reviewed literature does not support the use of antidepressants in a topical formulation as there is little scientific evidence to support the efficacy and safety of this medication in a topical formulation. Peer-reviewed literature does support the use of the Dextromethorphan in a topical formulation to treat neuropathic pain. However, the California Medical Treatment Utilization Schedule does not support the use of any medication that contains at least 1 drug or drug class that is not supported. As such, the requested Gabapentin/Amitriptyline/Dextromethorphan 10/10/10% is not medically necessary or appropriate.

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

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Lumbar and thoracic (Acute and Chronic) Online Version, Updated 3/18/14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009.

Decision rationale: The requested compound cream Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of topical non-steroidal anti-inflammatory drugs for injured workers who are intolerant to non-steroidal anti-inflammatory drugs. The clinical documentation submitted for review does not provide any evidence that the injured worker is unable to tolerate oral formulations of a non-steroidal anti-inflammatory drug. Therefore, the use of a topical non-steroidal anti-inflammatory drug would not be indicated in this clinical situation. The California Medical Treatment Utilization Schedule does not support the use of cyclobenzaprine in a topical formulation as there is little scientific data to support the efficacy and safety of this type of medication for topical usage. The California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address topical opioids. Peer-reviewed literature does not support the use of opioids in a topical formulation as there is little

scientific evidence to support the efficacy and the safety of this medication in a topical formula. The California Medical Treatment Utilization Schedule does not recommend any medication that contains at least one drug or drug class that is not recommended. As such, the requested Flurbiprofen/Tramadol/Cyclobenzaprine 20/20/4% is not medically necessary or appropriate.