

Case Number:	CM14-0052634		
Date Assigned:	07/07/2014	Date of Injury:	09/07/2012
Decision Date:	09/03/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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 52-year-old male who has submitted a claim for low back pain associated with an industrial injury date of September 7, 2012. Medical records from 2012-2014 were reviewed. The patient complained of constant low back pain, rated 8-9/10. There was radiation into the left lower extremity and with associated sharp pain in the buttocks and down into the top of the left foot accompanied by numbness and tingling sensation occasionally. The low back pain was accompanied by insomnia. Physical examination of the lumbar spine revealed there was positive straight leg raise test on the left with radiating pain into the foot. The lower extremity motor strength testing revealed 4/5. The sensory examination in the lower extremities revealed decreased light touch sensation over the dorsum and lateral aspect of the foot. The patient was diagnosed with L4-L5 and L5-S1 disc herniation and stenosis with left lower extremity radiculopathy. Treatment to date has included oral medications and surgery to lumbar spine. Utilization review, dated April 3, 2014, denied the requests for Gabapentin 10 percent + Cyclobenzaprine 10 percent with 0.375 percent Capsaicin cream 120 gm and Flurbiprofen 20 percent cream 120 gm Ketoprofen 20 percent and Ketamine 10 percent cream 120 gm because both compound solutions contained components that had moderate to poor efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 percent + Cyclobenzaprine 10 percent with 0.375 percent Capsaicin cream 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization, Chronic Pain Guidelines Page(s): 111 to 113.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. According to the guidelines, Gabapentin is not recommended for use as a topical analgesic. As for Cyclobenzaprine, there is no evidence for use of any other muscle relaxant as a topical product. Capsaicin formulated at 0.0375 had no studies to prove efficacy over a 0.025 formulation. In this case, patient was prescribed the topical compound to treat chronic pain. However, there was no mention regarding the therapeutic indication for the use of this medication being recommended by the guidelines. Furthermore, this topical cream has components of Gabapentin, Cyclobenzaprine, and Capsaicin 0.375% that are not recommended for topical use. Therefore the request for Gabapentin 10 percent + Cyclobenzaprine 10 percent with 0.375 percent Capsaicin cream 120 gm was not medically necessary.

Flurbiprofen 20 percent cream 120 gm Ketoprofen 20 percent and Ketamine 10 percent cream 120 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Compound Drugs.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product containing at least one drug or drug class that is not recommended, is not recommended. According to the guidelines, Flurbiprofen and Ketoprofen is not recommended for topical use. Ketamine specifically, has an extremely high incidence of photocontact dermatitis. Ketamine on the other hand, is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, the patient was prescribed the topical compound to treat chronic pain. However, there was no mention regarding the therapeutic indication for the use of this medication being recommended by the guidelines. Furthermore, this topical cream has components of Ketoprofen, Flurbiprofen and Ketamine that are not recommended for topical use. Also, the request submitted failed to specify the quantity to be dispensed. Therefore the request for Flurbiprofen 20 percent cream 120 gm, Ketoprofen 20 percent and Ketamine 10 percent cream 120 gm was not medically necessary.

