MAXIMUS Federal Services

Case Number:	CM14-0063146		
Date Assigned:	07/11/2014	Date of Injury:	10/25/2000
Decision Date:	09/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Texas. 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:

Medical Records reflect the claimant is a 58 year old male with a work injury dated 10-25-00. The claimant reports headaches, neck pain with radiation to left trapezius, and constant back pain with radiation to bilateral hips all the way down to the feet. The claimant is currently being treated with medications. He has a past history of Anterior Cervical Disc Fusion in 2008 and removal of prior hardware and instrumentation C4 to C7 and bilateral laminar foraminotomies and neurolysis and nerve decompression on 8-13-13. The claimant has been provided a diagnosis of neuropathic pain to the upper and lower extremities, anxiety and depression secondary to chronic pain syndrome. There is a request for Compounded Topical (flurbiprofen 20% cream 120 grams, ketoprofen 20%/ketamine 10% cream 120 grams) #240 grams apply 2-3 times and Compounded Topical Cream(gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.0375%) 120 gram apply 2-3 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Topical Cream (flurbiprofen 20% cream 120 grams, ketoprofen 20%/ketamine 10% cream 120 grams) #240 grams apply 2-3 times: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/10/2014) Compound Drugs.

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, Topical Analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medical Records reflect a claimant with post laminectomy syndrome, chronic pain complaints and neuropathic pain complaints who is currently being managed with medications. Examination of the cervical spine on 6-16-14 revealed no tenderness to palpation over the paraspinal muscles. Cervical spine range of motion reveals flexion at 30/50 degrees, extension at 20/80 degrees, right rotation at 45/80 degrees, left rotation at 40/80 degrees, right lateral bend at 10/45 degrees, and left lateral bend at 10/45 degrees. Orthopedic testing reveals positive Spurling's test bilaterally. There was also severe tenderness to palpation over the bilateral trapezius muscle groups. Upper extremity motor strength testing reveals weakness in the deltoid, biceps, and wrist extensor muscle groups bilaterally at 4/5. Sensory examination in the upper extremities reveals paresthesias bilaterally. In reviewing this request, there is an absence in documentation noting that this claimant has failed first line of treatment or that he cannot tolerate oral medications. Therefore, the medical necessity of this request is not established.

Compounded Topical Cream (gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.0375%) 120 gram apply 2-3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs and Topical Analgesics Page(s): 18,111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/10/2014) Compound Drugs.

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, Topical Analgesics.

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medical Records reflect a claimant with post laminectomy syndrome, chronic pain complaints and neuropathic pain complaints who is currently being managed with medications. Examination of the cervical spine on 6-16-14 revealed no tenderness to palpation over the paraspinal muscles. Cervical spine range of motion reveals flexion at 30/50 degrees, extension at 20/80 degrees, right rotation at 45/80 degrees, left rotation at 40/80 degrees, right lateral bend at 10/45 degrees, and left lateral bend at 10/45 degrees. Orthopedic testing reveals positive Spurling's test bilaterally. There was also severe tenderness to palpation over the bilateral trapezius muscle groups. Upper extremity motor strength testing reveals weakness in the deltoid, biceps, and wrist extensor muscle groups bilaterally at 4/5. Sensory examination in the upper extremities reveals paresthesias bilaterally. In reviewing this request, there is an absence

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