

Case Number:	CM14-0077553		
Date Assigned:	07/18/2014	Date of Injury:	02/20/2009
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/27/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 62-year-old with a reported date of injury of 02/20/2009. The patient has the diagnoses of lumbar herniated nucleus pulposus, facet hypertrophy at L4-S1 and C5/6 and C6/7, bilateral plantar fasciitis, anxiety/depression, gastrointestinal upset, hypertension, sexual disorder, chest pain and sleep disorder. Past treatment modalities have included physical therapy. Per the most recent progress notes provided by the primary treating physician dated 12/09/2013, the patient had complaints of constant neck pain rated a 9/10 radiating to the mid-back and constant low back rated 5/10 with radiation to the bilateral lower extremities. Physical exam noted restriction in range of motion of the cervical spine, paraspinal spasms in the lumbar spine with restricted range of motion. Treatment recommendations included continuation of Home Exercise Program and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% gel, ketoprofen 20%, ketamine 10%, and gabapentin 10%/ cyclobenzaprine 10%/ capsaicin 0.0375% gel 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113; page 64. Decision based on Non-MTUS Citation Gammaitoni, 2000; Lynch, 2005; FDA (<http://www.fda.gov/ICECI/Enforcementactions/WarningLetters/2008/ucm1048048.htm>).

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines, Topical Analgesics, recommended as an option as indicated below. It is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains several components including Gabapentin and Cyclobenzaprine that are not recommended as topical analgesics per the California MTUS. For these reasons the requested medication is not medically necessary.