

<b>Case Number:</b>	CM14-0081405		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/03/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This 54-year-old male injured worker, with date of injury 2/3/03 has injury-related back pain. Per progress report dated 5/23/14, he stated his back pain was constant and in the middle of his low back. Per physical exam, he was noted to have a very prominent L1 vertebral body. He had mild to moderate lower extremity swelling. He had tenderness to palpation across the low back. The injured worker is paraplegic and is mobile with a wheelchair. The documentation submitted for review did not state whether physical therapy was utilized. He has been treated with medication management. The date of UR decision was 5/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Fluricasone proplonate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifyline 0.5%, Prilocaine 3%, Gabapentin 15%, vitamin E acetate 0.5%-360gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

**Decision rationale:** Regarding the use of multiple medications, MTUS pg. 60 states "Only one medication should be given at a time and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent Agency for Healthcare Research and Quality (AHRQ) review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Per MTUS pg. 113 with regard to topical Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of Fluticasone Propionate, Levocetirizine Dihydrochloride, Pentoxifylline, Prilocaine, or Vitamin E Acetate. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since these medications are not medically indicated, then the overall product is not indicated per MTUS as outlined above. Therefore, this request is not medically necessary.