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| Case Number: | CM14-0161361 | | |
| Date Assigned: | 10/06/2014 | Date of Injury: | 09/28/2011 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 09/09/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

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 claimant injured his low back on 09/28/11 while carrying someone's packages. Topical compounded creams are under review. On 08/18/14, the claimant was evaluated by an orthopedic surgeon. He had attended physical therapy and tried medications including ibuprofen. He also attended acupuncture. He stated an MRI revealed disc damage. He was placed on work restrictions. He has a history of diverticulosis. He did not have any medication allergies and was taking over-the-counter medications as needed. He had some anxiety and depression due to his pain. He had ongoing low back pain with left leg pain radiating from his low back. He had mild to moderate tenderness and decreased range of motion of the low back with a positive left straight leg raise test, Valsalva maneuver, Bowstring's, and Braggard's tests, all on the left. He had mildly decreased strength at L4, L5, and S1. He also had decreased reflexes on the left side. MRI revealed multiple lumbar disc protrusions at L2-S1. There was grade 1 anterolisthesis at L4 and L5. X-rays showed bilateral facet hypertrophy at L4-5 and L5-S1 with anterolisthesis at L4 and L5 with some instability. There was also grade 1 retrolisthesis at L3 and 4 and also L2 and L3. There was mild to moderate spondylosis at L2-L5. Several other referrals were made. He was prescribed Voltaren XL. He was also given topical creams. He had a QME on 05/09/14. Lumbar epidural steroid injections had been recommended in 2013. He was taking Advil 2 pills once a day at that time. He stated his stomach could tolerate medications. Permanent restrictions were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20%/Ketamine 10% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compounded topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for compound topical pain medication ketoprofen 20%/ketamine 10% cream 120gm. The CA MTUS page 143 states "topical agents may be recommended as an option [but 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant has also used other medications, including over the counter medications with no reports of intolerance or lack of effectiveness. The anticipated benefit to him of this type of medication has not been explained in the records. It is not clear why a compound agent of this type would be beneficial or indicated. Topical ketamine is not supported by the MTUS. The medical necessity of this request for the topical compound pain medication ketoprofen 20%/ketamine 10% cream 120gm has not been clearly demonstrated. Therefore, the request is not medically necessary.

Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines compounded topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for compound topical pain medication gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% cream. The CA MTUS page 143 states "topical agents may be recommended as an option [but 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant has also used other medications including oral anti-inflammatory medications with no reports of intolerance or lack of effectiveness. The MTUS do not support the use of topical gabapentin or topical cyclobenzaprine and topical capsaicin is only recommended in cases of intolerance to trials of first line drugs. The medical necessity of this request for the topical compound pain medication gabapentin 10%/cyclobenzaprine 10%/capsaicin 0.0375% cream has not been clearly demonstrated. Therefore, the request is not medically necessary.

Flurbiprofen 20% Cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for the topical medication flurbiprofen 20% cream, 120gm. The CA MTUS page 143 states "topical agents may be recommended as an option [but 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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant has also used other medications, including over the counter medications with no reports of intolerance or lack of effectiveness. The anticipated benefit to him of this type of medication has not been explained in the records. It is not clear why a topical medication is expected to be beneficial or is indicated. The medical necessity of this request for the topical medication flurbiprofen 20% cream, 120gm has not been clearly demonstrated.