

Case Number:	CM14-0188171		
Date Assigned:	11/18/2014	Date of Injury:	10/29/2007
Decision Date:	01/07/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in 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:

The injured worker sustained a work-related injury on October 29, 2007. Diagnoses associated with the injury included thoracic or lumbosacral neuritis or radiculitis, post laminectomy syndrome of the lumbar region; and long-term use of other medications. A request for 360 grams of a compound medication consisting of Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5% Fluticasone 1% with 4 refills was non-certified by Utilization Review (UR) on October 13, 2014. The UR physician determined that based on California Medical Treatment Utilization Schedule (MTUS) guidelines which indicate that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety" and that there was little evidence to support the use of topical NSAIDS, muscle relaxants and topical Baclofen, the request was non-certified. A request for independent medical review was initiated on November 12, 2014. A review of the documentation submitted for independent medical review included a physician's evaluation dated April 14, 2014 which revealed that the injured worker complained of pain in his mid-back, lower back, right side, right inner side, right knee and right calf. The physician documented that the injured worker's medications "work all the time." The injured worker described his pain as a ten (10) on a ten-point scale and indicated that after taking his medications his pain was a six (6) on a ten point scale. The pain was improved with medication, rest, sleep and avoiding strenuous activity. A physician's evaluation dated May 12, 2014 indicated that the injured worker complained of pain in his mid-back, lower back, right side, right inner side and right knee. He defined his pain as a ten on a ten-point scale. The evaluating physician also documented that all medications "work all the time." Medications associated with both the April 14, 2014 and the May 12, 2014 visits included fentanyl patch, Norco, Topamax, Neurontin, Ambien, Soma and Prozac. A physician's evaluation dated September 23, 2014 revealed that the injured worker had

a complaint of back pain and he characterized his pain as ranging in severity from an eight (8) to a ten (10) on a ten-point scale. The pain was described as constant, burning, stabbing, throbbing, sharp, shooting, aching pain. Symptoms associated with his pain included numbness, tingling, stiffness, weakness, spasms, coldness, sensitivity and increased sweating. His pain is relieved with rest, medications, and lying on his side and his pain is aggravated with sitting, leaning forward, standing, walking, straining, arching backward and coughing. The injured worker reports that his pain interfered with sleep, family life, work performance and driving. Treatment modalities documented as tried and failed included physical therapy, massage therapy, chiropractic treatment and previous fusion of the L1, L2, S1 vertebrae. All previous treatment modalities were described as providing brief, temporary relief. Medications documented as tried and failed included Advil, Aleve, Ambien, aspirin, baclofen, Bengay, codeine, Dilaudid, fentanyl patch, methadone and Prozac. On examination, the injured worker's range of motion was limited by pain in the lumbar spine region. The pain was found to be radicular along the lumbar spine and he had numbness, tingling and weakness in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication (Diclofenac 5 %, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1%) apply 1-2 gms to affected area 3-4 x day# 360gm 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, topical gabapentin as part of this formulation is not necessary. The guidelines further specify if any component of a compounded formulation is not recommended, then the entire formulation is not recommended. Therefore, this entire compounded product is recommended as not medically necessary.