

Case Number:	CM14-0188433		
Date Assigned:	11/19/2014	Date of Injury:	11/30/2012
Decision Date:	01/07/2015	UR Denial Date:	10/30/2014
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 Anesthesia, has a subspecialty in Acupuncture & 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 is a 50 year old male with a date of injury on 11/30/12 with related low back pain. Per progress report dated 10/23/14 it was noted that the injured worker continued to have low back pain despite having discectomy surgery. The patient was at the time using oral anti-inflammatory medication; however, it caused gastrointestinal issues. He was able to reduce the use of oral anti-inflammatories when he utilized topical creams. Per physical exam dated 9/18/14, the injured worker had tenderness at the paralumbar region without swelling, ecchymosis, or deformity. The treatment to date has included surgery, physical therapy, and medication management. The date of UR decision was 10/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound anti-inflammatory cream - Flurbiprofen 10%/Ketamine 15%/Tramadol 15%/Bupivacaine/ Clonidine 0.1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25,60,111-113.

Decision rationale: Per the MTUS with regard to Flurbiprofen (p112), "(Biswal, 2006) these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Regarding Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical Ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate). The MTUS does not address topical bupivacaine, however with regard to lidocaine, another anesthetic: MTUS states (p112) " Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995). " The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of Tramadol or Clonidine. 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 agents are not medically indicated, then the overall product is not indicated per MTUS as outlined below. 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. As the injured worker has no diagnoses of osteoarthritis or tendinitis, flurbiprofen is not indicated. As he has no diagnosis of CRPS I or post-herpetic neuralgia, Ketamine is not indicated. The documentation does not contain evidence of neuropathic pain; bupivacaine is not indicated. As several components of the compound are not recommended, the compound is considered not medically necessary.