

Case Number:	CM14-0195679		
Date Assigned:	12/03/2014	Date of Injury:	05/18/2012
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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 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 64-year-old male who reported an injury on 05/18/2012. The mechanism of injury was not provided. His diagnoses include lumbar disc displacement with radiculopathy, lumbar myospasm, lumbar radiculopathy, lumbar spine sprain/strain, status post lumbar spine surgery, insomnia, anxiety, and depression. Past treatment was noted to include medications, rest, physical therapy, surgery, and injections. On 10/16/2014, the injured worker had complaints of pain to his lower back which he rated 8/10 to 9/10 without the use of medications and 3/10 to 5/10 with the use of medications. Upon physical examination, it was noted that the injured worker had tenderness and myospasm palpable over the bilateral lumbar muscles and decreased range of motion. It was also noted that he had tenderness to palpation to the cervical and thoracic spine. His medications were not included in the report. The treatment plan was noted to include tramadol, cyclobenzaprine, omeprazole, and the requested topical analgesics. The request was received for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% 240 gm #1 and Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2 %, Camphor 2%, Capsaicin 0.025 % 240 gm #1 without a rationale. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% 240 gm #1: 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: The request for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% 240 gm #1 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that when any medication and compounded product is not recommended, the entire compounded product is then not recommended. The guidelines note that gabapentin is not recommended for topical use as there is no peer reviewed evidence to support its use. The documentation submitted for review did not note prior use of anticonvulsants and antidepressants. In the absence of documentation noting previous use of anticonvulsants and antidepressants, and as gabapentin is not recommended for topical use, the request is not supported by the evidence based guidelines. Additionally, the request does not specify body region the medication is to be applied to, duration, or frequency of use. As such, the request for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% 240 gm #1 is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2 %, Camphor 2%, Capsaicin 0.025 % 240 gm #1: 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: The request for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2 %, Camphor 2%, Capsaicin 0.025 % 240 gm #1 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of anticonvulsant and antidepressants have failed. The guidelines also state that when any medication in a compounded product is not recommended, the entire compounded product is then not recommended. The guidelines note that topical NSAIDs, such as flurbiprofen is not indicated for the support, hip, or shoulder, or neuropathic pain. Capsaicin is recommended as an option to those who have not responded or are intolerant to other treatments. Baclofen is not recommended as there is no evidence to support its topical use. The clinical documentation submitted for review did not note the injured worker's previous use of anticonvulsants and antidepressants. In the absence of documentation noting his previous of anticonvulsants and antidepressants, as the topical NSAID is not indicated for the spine, and as at least 1 of the medications is not recommended, the request is not supported by the evidence based guidelines. Additionally, the request does not specify body region the medication is to be applied to, duration, or frequency of use. As such, the request for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2 %, Camphor 2%, Capsaicin 0.025 % 240 gm #1 is not medically necessary.

