

Case Number:	CM14-0199861		
Date Assigned:	12/10/2014	Date of Injury:	08/14/2011
Decision Date:	01/27/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine Rehab 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 patient is a 39 year old male with date of injury 08/14/11. The treating physician report dated 09/18/14 indicates that the patient presents with pain affecting their right ankle, and low back. The physical examination findings reveal that the patient has a pain rate of 7/10 without medications and 5/10 with medications with regards to their right ankle pain. The patient has a pain score of 5/10 without medication and a 0/10 with medication with regards to their low back. The right ankle is tender with a decreased ROM. The Lumbar spine shows signs of tenderness and a decreased ROM. The current diagnoses are: 1. Lumbar spinal stenosis 2. Lumbar radiculopathy 3. Myalgia and myositis 4. Ankle sprain/strain The utilization review report dated 10/14/14 denied the request for Compound topical cream based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream containing Gabapentin, Amitriptyline, Bupivacaine, Flurbiprofen, Baclofen, Dexamethasone, Capsaicin, Menthol, and Camphor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Clin J Pain 2008 Jan;24(1):51-5. Topical amitriptyline versus lidocaine in the treatment of neuropathic pain. Ho KY, Huh BK, White WD, Yeh CC, Miller EJ.

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

Decision rationale: The patient presents with low back and right ankle pain. The current request is for compound topical cream containing Gabapentin, Amitriptyline, Bupivacaine, Flurbiprofen, Baclofen, Dexamethasone, Capsaicin, Menthol, and Camphor. The MTUS guidelines do not support the usage of Flurbiprofen 10% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. Additionally MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS also does not support Baclofen or Gabapentin in topical products. The current request is not supported by the MTUS guidelines. Therefore, this request is not medically necessary.