MAXIMUS Federal Services

Case Number:	CM14-0200962		
Date Assigned:	12/11/2014	Date of Injury:	05/14/2014
Decision Date:	01/27/2015	UR Denial Date:	11/18/2014
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:

This injured worker is a 56 year old male who sustained a lower back injury on 5/14/2014. Mechanism of injury was not indicated. Orthopedic notes from 9/19/2014 indicate a history of right lumbar radiculitis and lumbar degenerative disk disease. The notes state that the worker has completed physical therapy with no dramatic improvement. He is currently working. Physical examination indicated tenderness to palpation of lumbar paraspinals, mildly restricted lumbar range of motion with normal sensation and straight leg raise positive for tight hamstrings bilaterally. Orthopedic notes from 10/29/2014 noted no improvement since previous visit, and he continues to have right low back and lateral thigh and lateral calf sharp intermittent pain. He has also begun to have return of the left gluteal and left lateral thigh pain. Current medications include Lyrica and Celebrex. He is being considered for an injection procedure to the lumbar spine prior to considering surgery. Examination remains unchanged. Magnetic resonance imaging (MRI) done 10/28/2014 indicate moderate, diffuse thoracolumbar degenerative disc disease and hypertrophic spondylosis. The Utilization Review dated 11/18/2014 non-certified topical compound medications (topical Flurbiprofen powder 30gm, Lidocaine 7.5 gm in a Versapro base cream 112.5 gm; Gabapentin 15gm, Amitriptyline 7.5gm, Capsaicin 0.0375 gm in a Versapro base cream 127.46 gm; and Cyclobenzaprine 15gm, Lidocaine 3gm in a Versapro base cream 132 gm for date of service 11/3/14. The UR indicated that per MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They also noted that there is no documentation of the injured worker's intolerance of these or similar medications to be taken on an oral basis. Specifically, Gabapentin, Cyclobenzaprine, Capsaicin in the 0.0375% strength, Amitriptyline are not guideline supported for topical use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical flurbiprofen powder 30 gm, lidocaine 7.5 gm in a versapro base cream, 112.5 grams: 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): 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of an anti-inflammatory medication for this injury without improved functional outcomes attributable to their use. The Topical Flurbiprofen powder 30 gm, lidocaine 7.5 gm in a Versapro base cream, 112.5 grams is not medically necessary and appropriate.

Gabapentin 15 grams, lidocaine 3 grams in a versapro base cream, 132 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Anti-Epilepsy Drugs/Gabapentin Page(s): 111-113;18 and 19.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional

outcomes attributable to their use. Per Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Submitted reports have not demonstrated indication for this 0.0375% Capsaicin, failed conservative treatment or intolerance to oral medications. The Gabapentin 15 grams, Amitriptyline 7.5gm, Capsaicin 0.0375% in a versapro base cream, 132 grams is not medically necessary and appropriate.

Cyclobenzaprine 15 grams, Lidocaine 3 grams in a versapro base cream 132 grams, provided on November 3, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Muscle Relaxants Page(s): 111-113; 64 and 65.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant over oral formulation for this injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and opioid for this chronic injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 15 grams, Lidocaine 3 grams in a versapro base cream 132 grams, for DOS 11/3/14 is not medically necessary and appropriate.