

Case Number:	CM14-0201271		
Date Assigned:	12/11/2014	Date of Injury:	12/18/2009
Decision Date:	01/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 59 year old woman sustained an industrial injury on 12/18/2009 resulting in diagnoses of lumbago, myofascial pain syndrome, sacroilitis, pain in limb, pain in thoracic spine, chronic pain syndrome, sciatica, lumbothoracic radiculopathy, and fasciitis. The mechanism of injury is not described. Evaluations included an MRI of the lumbar spine on 6/10/2013 showing L3-L4 mild central canal and lateral recess stenosis with mild to moderate left foraminal stenosis, L4-L5 left paracentral disc protrusion impinging on the left L4 nerve root and mild right foraminal stenosis and multilevel facet arthrosis and electrodiagnostic studies on 6/21/2013 suggested right L2-L3 radiculopathy. Treatment has included physical therapy, oral medications, and TENS unit. Physician notes dated 9/22/2014 show worker complaints of pain to the thoracic region with increased spasms to the back, and experiences improvement with the prescribed medications. The care plan includes refilling oral medications as listed, encouragement of core strengthening with planned physical therapy after the pain is reduced, regular low-impact activities, proper body mechanics, weight control, and follow up in two months. The worker is designated temporary totally disabled. On 11/20/2014, Utilization Review evaluated prescription for cyclobenzaprine/lidocaine, flurbiprofen/lidocaine, gabapentin/amitriptyline/capsaicin. The UR physician noted that there was no documentation of the use or indication for compounded medications. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/lidocaine, Flurbiprofen/lidocaine, Gabapentin/amitriptyline/capsaicin:
Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as mono-therapy or in combination for pain control; that ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other Anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, lower back pain, sciatica, lumbar/thoracic radiculopathy, sacroilitis and fasciitis, unspecified. However, Cyclobenzaprine/Lidocaine contains at least one drug (Lidocaine) and one drug class (muscle relaxants (cyclobenzaprine)) that is not recommended. In addition, Flurbiprofen/Lidocaine contains at least one drug (Lidocaine) that is not recommended. Furthermore, gabapentin/Amitriptyline/Capsaicin contains at least one drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine/Lidocaine, Flurbiprofen/Lidocaine, and Gabapentin/Amitriptyline/Capsaicin is not medically necessary.