

Case Number:	CM14-0204205		
Date Assigned:	12/16/2014	Date of Injury:	01/18/2011
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/05/2014

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 Acupuncture and 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:

60y/o male injured worker with date of injury 1/18/11 with related right heel pain. Per progress report dated 9/25/14, the injured worker complained of severe right heel pain. Per physical exam, there was cervical spine tenderness, positive compression test, decreased sensation in C5, and positive straight leg raise. Progress report was hand written and partially illegible. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin 10%, Lidocaine 5%, Baclofen 2%, Flurbiprofen 5%, Carnitine 15%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for pain (Chronic) Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/18607224>.

Decision rationale: Per MTUS page 113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Gabapentin is not indicated. Regarding topical lidocaine, MTUS states (p112) "Neuropathic pain: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). 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). "Per MTUS p113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. Per 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." The documentation contains no evidence of osteoarthritis or tendinitis. Flurbiprofen is not indicated. Carnitine (L-3-hydroxytrimethylaminobutanoate) is a naturally occurring compound that can be synthesized in mammals from the essential amino acids lysine and methionine or ingested through diet. Primary sources of dietary carnitine are red meat and dairy products; however, commercially produced supplements also are available and have been shown to be safe in humans. Carnitine is stored primarily in skeletal muscle, with lower concentrations in plasma. Biologically, carnitine is essential for the transport of long-chain (carbon chain length = 10) fatty acids across the outer- and inner-mitochondrial membranes (carnitine palmitoyl transferase I and II, respectively). Conflicting results characterized the early research focused on L-carnitine supplementation's ability to enhance endurance performance, and studies showed no changes occurred in muscle carnitine levels. Nevertheless, promising findings for its use have been observed for various pathologies, including cardiovascular diseases, which show it might mitigate some negative effects and enhance physical function. Recent studies have focused upon a different paradigm for L-carnitine in regulating hypoxic stress and enhancing recovery from exercise. Regarding the use of multiple medications, MTUS page 60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. 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 multiple agents in this compound are not recommended, the request is not medically necessary.