

Case Number:	CM15-0000174		
Date Assigned:	01/09/2015	Date of Injury:	10/01/2014
Decision Date:	03/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 26 year old male who sustained a work related injury to his lower back while changing heavy diesel tires on October 1, 2104. Initial X-rays were negative for acute pathology and conservative measures with ice, moist heat, rest, lumbar spine back support, Anaprox and Ultracet were dispensed. The injured worker is diagnosed with lumbago and thoracic and lumbar sprain/strain. The patient continues to experience low back pain with minimal improvement and radiation to the left lower extremity. According to the physician's report on November 18, 2014 through November 26, 2014, the injured worker had decreased range of motion at all planes by 30%, positive Kemps test, antalgic gait favoring right lower extremity and muscle grade 4/5 present at the left hamstring. The injured worker is temporary total disability (TTD) with return to work with modified job restrictions. The physician requested authorization for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 210gm; Flurbiprofen 20%/Tramadol 20% in Mediderm base 30gm/Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base 30gm; Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 210gm; Urine toxicology screen for baseline results. On December 1, 2014 the Utilization Review denied certification for Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 210gm; Flurbiprofen 20%/Tramadol 20% in Mediderm base 30gm/Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base 30gm; Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 210gm; Urine toxicology screen. Citations used in the decision process were the Medical Treatment Utilization Schedule

(MTUS), American College of Occupational and Environmental Medicine (ACOEM) regarding the topical analgesics/creams and the Official Disability Guidelines (ODG) was utilized for the Urine Drug Testing criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Tramadol 20% in Mediderm base 30gm/Gabapentin 10%/Dextromethorphan 10%/Amitriptyline 10% in Mediderm base 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication that includes a topical NSAID that is not listed in the California MTUS as recommended agents to be used as topical analgesics. It also includes Tramadol as well as gabapentin which are also not indicated as a topical analgesic. Therefore criteria as set forth in the California MTUS have not been met and the request is not certified.

Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 210gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of

systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication that includes gabapentin which is not a recommendation for topical analgesic therapy per the California MTUS. It also includes amitriptyline which is also not indicated as a topical analgesic. Therefore criteria as set forth in the California MTUS have not been met and the request is not certified.

Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 210g: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication that includes a topical NSAID that is not listed in the California MTUS as recommended agents to be used as topical analgesics. It also includes dexamethasone and menthol which are also not indicated as a topical analgesic. Therefore criteria as set forth in the California MTUS have not been met and the request is not certified.

Urine toxicology screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The request is for a urine specimen toxicology screen. These are commonly used for urine drug screens. The California MTUS does recommend urine drug screens for patients on opioid therapy: The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. The included progress notes do indicate the patient is on chronic opioid therapy in the form of Ultracet. Therefore criteria for a urine drug screen have been met and the request is certified.