

Case Number:	CM15-0101131		
Date Assigned:	06/03/2015	Date of Injury:	02/01/2012
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 38 year old male, who sustained an industrial injury on 2/01/2002. Diagnoses include cervical pain, cervical sprain/strain, lumbar disc protrusion, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, right knee pain, right knee sprain/strain, left knee pain and left knee sprain/strain. Treatment to date has included medications including Pantoprazole, Gabapentin, Tramadol and Cyclobenzaprine, physical therapy, surgical intervention, splinting, TENS unit, acupuncture, functional restoration program and diagnostic testing. Per the Primary Treating Physician's Progress Report dated 4/16/2015 the injured worker reported severe (9/10) sharp, stabbing neck pain with stiffness, heaviness and numbness, constant, severe (8/10) sharp, stabbing low back pain with heaviness, tingling and weakness, constant, moderate, sharp right knee pain and numbness and constant severe, sharp, left knee pain and numbness. Physical examination revealed tenderness and muscle spasm of the paravertebral cervical muscles with a positive cervical compression test. There was tenderness to palpation of the lumbar paravertebral muscles with decreased range of motion and a positive straight leg raise test. The plan of care included compound topical medications and authorization was requested for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base, and Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, menthol 2%, camphor 2% and capsaicin 0.025% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with pain affecting the cervical & lumbar spine, and bilateral knee. The current request is for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base 240gm. The treating physician states in the report dated 4/16/15, "Medical Creams Ordered: Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base 240gm medically necessary to decrease pain and inflammation." (17B) The MTUS guidelines state that topical analgesics are recommended as an option. On page 111 it states: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines do not support the use of Gabapentin in topical formulation. In this case, the treating physician has requested a cream that is not recommended by the MTUS guidelines. The current request is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with pain affecting the cervical & lumbar spine, and bilateral knee. The current request is for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base. The treating physician states in the report dated 4/16/15, "Medical Creams Ordered: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 240mg medically necessary to decrease pain and inflammation." The MTUS guidelines state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines do not support the usage of Capsaicin .0375% formulation or Baclofen, and topical NSAIDs (salicylate) is only supported for peripheral joint arthritis/tendinitis type of problems which this patient does not present with. In this case, the treating physician has not documented that the patient has peripheral joint arthritis/tendinitis and has prescribed a topical analgesic which is not recommended by MTUS guidelines. The current request is not medically necessary.

