

Case Number:	CM15-0103956		
Date Assigned:	06/08/2015	Date of Injury:	07/26/2012
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male sustained an industrial injury to the low back on 7/26/12. Previous treatments and diagnostics included magnetic resonance imaging, physical therapy, chiropractic therapy and medications. In a PR-2 dated 4/22/15, the injured worker complained of pain 5-6/10 to the low back and left hip. The injured worker reported that pain was relieved with medications and rest. Physical exam was remarkable for decreased and painful lumbar spine range of motion with negative straight leg raise and decreased and painful left hip range of motion with negative iliac compression test. Current diagnoses included lumbar disc protrusion, lumbar facet hypertrophy, lumbar stenosis, left hip pain and left ankle pain. The treatment plan included medications - Naproxen Sodium, Protonix, Cyclobenzaprine and topical compound creams (Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 180gm and Gabapentin 10%, Amitriptyline 10%, Bupivcaine in cream base 180gm) and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatments with first line anticonvulsant and antidepressant medications have failed. The recommended second line topical agent is topical lidocaine product. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medications. There is lack of guidelines or FDA support for the utilization of topical formulations of baclofen, dexamethasone, menthol, or camphor for the chronic treatment of musculoskeletal pain. There guidelines recommend that topical product utilized individually for evaluation of efficacy. The criteria for the use of Flurbiprofen 20% / baclofen 5% / dexamethasone 2% / menthol 2% / camphor 2% / camphor 2% / capsaicin 0.025% in cream base 180 gm was not met. The request is not medically necessary.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatments with first line anticonvulsant and antidepressant medications have failed. The recommended second line topical agent is topical lidocaine product. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS. There is no documentation of failure of treatment with orally administered first line medications. There is lack of guidelines or FDA support for the utilization of topical formulations of gabapentin, amitriptyline or bupivacaine for the chronic treatment of musculoskeletal pain. There guidelines recommend that topical product utilized individually for evaluation of efficacy. The criteria for the use of gabapentin 10% / amitriptyline 10% / bupivacaine in cream base 180 gm was not met. The request is not medically necessary.