

Case Number:	CM15-0109833		
Date Assigned:	06/16/2015	Date of Injury:	09/27/2012
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/08/2015

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

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 64 year old male, who sustained an industrial injury on 9/27/12. The injured worker was diagnosed as having lumbago, lumbar radiculopathy, right forearm pain, and dermatitis factita. Treatment to date has included medication. Currently, the injured worker complains of pain in the lumbar spine and bilateral forearms. The treating physician requested authorization for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base and Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base with a 30-day supply.

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: Upheld

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

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

Decision rationale: The patient presents on 04/30/15 with lower back pain rated 8/10 which radiates into the bilateral lower extremities, bilateral forearm pain rated 8/10 with associated numbness and tingling, and burning eye pain rated 7/10. The patient's date of injury is 09/27/12. Patient has no documented surgical history directed at these complaints. The request is for GABAPENTIN 10%, AMITRIPTYLINE 10%, BUPIVACAINE 5% IN CREAM BASE. The RFA is dated 04/30/15. Physical examination dated 04/30/15 reveals reduced lumbar range of motion in all planes, positive Kemp's test, and positive straight leg raise on the left. Bilateral forearm examination reveals slightly reduced range of motion on supination and pronation, with no other abnormal physical findings included. The patient is currently prescribed Motrin and compounded creams. Diagnostic imaging was not included. Per 04/30/15 progress note, patient is advised to remain off work until 06/14/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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 use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required... Gabapentin: Not recommended." In regard to the request for a compounded cream containing Gabapentin, Amitriptyline, and Bupivacaine; the requested cream contains ingredients which are not supported by guidelines as topical agents. Gabapentin is not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream 30 day supply: Upheld

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

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

Decision rationale: The patient presents on 04/30/15 with lower back pain rated 8/10 which radiates into the bilateral lower extremities, bilateral forearm pain rated 8/10 with associated numbness and tingling, and burning eye pain rated 7/10. The patient's date of injury is 09/27/12. Patient has no documented surgical history directed at these complaints. The request is for FLURBIPROFEN 20%, BACLOFEN 10%, DEXAMETHASONE 2% IN CREAM 30 DAY SUPPLY. The RFA is dated 04/30/15. Physical examination dated 04/30/15 reveals reduced lumbar range of motion in all planes, positive Kemp's test, and positive straight leg raise on the left. Bilateral forearm examination reveals slightly reduced range of motion on supination and pronation, with no other abnormal physical findings included. The patient is currently prescribed Motrin and compounded creams. Diagnostic imaging was not included. Per 04/30/15 progress note, patient is advised to remain off work until 06/14/15. MTUS page 111 of the chronic pain section states the following under Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... 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 use of these compounded

agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required... Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In regard to the request for a compounded cream containing Flurbiprofen, Baclofen, and Dexamethasone; the requested cream contains ingredients which are not supported by guidelines as topical agents. Muscle relaxants such as Baclofen are not supported by MTUS guidelines in topical formulations. Guidelines also specify that any cream which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.