

Case Number:	CM15-0018201		
Date Assigned:	02/06/2015	Date of Injury:	04/11/2014
Decision Date:	04/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 40 year old male, who sustained an industrial injury on 4/11/2014 when he fell from a ladder, injuring his left hip and lumbar spine. The diagnoses have included neuralgia, neuritis and radiculitis, lumbar spine sprain/strain and major depression and anxiety. Treatment to date has included medications and pool therapy. Currently, the IW complains of low back pain rated as 7/10. Objective findings included decreased range of motion lumbar spine with pain. There is a positive Kemp's sign and straight-leg raise test. On 12/30/2014, Utilization Review non-certified a retrospective request for Gabapentin 10/Dextromethorphan 10/Amitriptyline 10 in mediderm base 30g; Gabapentin 10/Amitriptyline10/Bupivacaine 5 in cream base 210gm; Flurbiprofen 20/Baclofen 5/Dexamethasone2/Menthol 2/Camphor 2 and Flurbiprofen 20/Tramadol 20 in mediderm base 30gm, noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 1/30/2015, the injured worker submitted an application for IMR for review of Gabapentin 10/Dextromethorphan 10/Amitriptyline 10 in mediderm base 30g; Gabapentin 10/Amitriptyline10/Bupivacaine 5 in cream base 210gm; Flurbiprofen 20/Baclofen 5/Dexamethasone2/Menthol 2/Camphor 2 and Flurbiprofen 20/Tramadol 20 in mediderm base 30gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin10/Dextromethorphan10/Amitriptyline10/ Mediderm Base 30g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009) Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound requested is Gabapentin 10/Dextromethorphan10/Amitriptyline10/ Mediderm base. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. It is also clear that the patient is able to use oral medications and there is no rationale provided for the use of topical/compounded cream. Medical necessity for the requested topical analgesic has not been established. The request for retrospective Gabapentin 10/Dextromethorphan10/Amitriptyline10/ Mediderm base is not medically necessary.

Retro Gabapentin 10/ Amitriptyline 10/ Bupivacaine 5 in cream base 210 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009) Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound requested is Gabapentin 10/ Amitriptyline 10/ Bupivacaine 5 in cream base. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. It is also clear that the patient is able to use oral medications and there is no rationale provided for the use of topical/compounded cream. Medical necessity for the requested topical

analgesic has not been established. The request for retrospective Gabapentin 10/ Amitriptyline 10/ Bupivacaine 5 in cream base is not medically necessary.

Retro Flurbiprofen 20/ Baclofen 5/ Dexamethasone 2/ Menthol 2/ Camphor 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009) Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound requested is Flurbiprofen 20/ Baclofen 5/ Dexamethasone 2/ Menthol 2/ Camphor 2. It is evident from the records that the patient is able to use oral medications and there is no rationale provided for the use of topical/compounded cream. MTUS guidelines state that Flurbiprofen is not recommended for topical applications. Medical necessity for the requested topical analgesic has not been established. The request for retrospective Flurbiprofen 20/ Baclofen 5/ Dexamethasone 2/ Menthol 2/ Camphor 2 treatment is not medically necessary.

Retro Flurbiprofen 20/ Tramadol 20 in Mediderm Base 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009) Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound requested is Flurbiprofen 20/ Tramadol 20 in Mediderm Base. Tramadol is not FDA approved for a topical application. It is also clear that the patient is able to use oral medications and there

is no rationale provided for the use of topical/compounded cream. Medical necessity for the requested topical analgesic has not been established. The request for retrospective Flurbiprofen 20/ Tramadol 20 in Mediderm Base treatment is not medically necessary.