

Case Number:	CM15-0130132		
Date Assigned:	07/16/2015	Date of Injury:	04/30/1998
Decision Date:	09/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 71 year old female, who sustained an industrial injury on April 30, 1998. The injured worker was diagnosed as having lumbar sprain/strain, lumbar paraspinal muscles spasms/disc herniation, lumbar radiculitis/radiculopathy of the lower extremities, sacroiliitis of the bilateral sacroiliac joints, and chronic pain. Treatments and evaluations to date have included TENS, home exercise program (HEP), sacroiliac joint injection and medication. Currently, the injured worker complains of low back pain, limited range of motion (ROM) of the lumbar spine with tingling and numbness to both legs, and bilateral buttock pain radiating to the posterior and lateral aspects of the bilateral thighs with numbness and tingling progressively increasing in severity. The Secondary Treating Physician's report dated May 27, 2015, noted the injured worker reported her low back pain and weakness was progressively getting worse, with pain at a 9/10 level most of the time. The injured worker was noted to have had limited improvement with a TENS unit. Physical examination was noted to show the injured worker was suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculitis/radiculopathy to the [posterior and lateral aspects of the thigh, with Gaenslen's and Patrick Fabre tests positive and sacroiliac joint thrust severely positive. The injured worker was noted to complain of experiencing severity of weakness, tingling, and numbness of both lower extremities with climbing stairs, long walks, daily activities, and performing her home exercise program (HEP). The treatment plan was noted to include requests for authorization for bilateral sacroiliac joint injections under fluoroscopy guidance and a percutaneous neurostimulator, with prescriptions for Tizanidine and Celebrex, along with prescribed compound creams of Flurbiprofen and Capsaicin in a Lipoderm base and Gabapentin, Ketoprofen, Tramadol, and Cyclobenzaprine

in a Lipoderm base, and a prescription for Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Capsaicin 0.025% in lipoderm base 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation http://beta.pccarx.com/pdf_files/98591_Lipoderm30-3338_PRACT.pdf.

Decision rationale: The MTUS Chronic Pain guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound medication contains Flurbiprofen, a non-steroid anti-inflammatory drug (NSAID), indicated for use for osteoarthritis and tendinitis, particularly in the knee, elbow, or other joints that are amenable to topical treatment, not recommended for neuropathic pain. The guidelines note that Capsaicin is only recommended when other, conventional treatments have failed. Lipoderm is a transdermal base used for transdermal compounding. The physician noted the injured worker was prescribed creams due to topical pain and discomfort in multiple areas effecting over all outer and inner problems due to prolonged intake of tablets. The treating physician's request did not include the site of application or directions for use. As such, the prescription for Flurbiprofen 25%, Capsaicin 0.025% in Lipoderm base 180gm is not sufficient and not medically necessary.

Gabapentin 10%/Ketoprofen 10%/Tramadol 5%/Cyclobenzaprine 2% in lipoderm base 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Tramadol Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain, Topical analgesics, Ketoprofen.

Decision rationale: The MTUS Chronic Pain guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic, and there is no peer-reviewed literature to support its use. Official Disability Guidelines (ODG) notes Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis and photosensitization reactions. Tramadol is a

synthetic opioid affecting the central nervous system. Cyclobenzaprine is a muscle relaxant, and the guidelines note there is no evidence for use as a topical product. Lipoderm is a transdermal base used for transdermal compounding. The requested compound medication includes compounded products that are not recommended and therefore the entire compound is not recommended. The physician noted the injured worker was prescribed creams due to topical pain and discomfort in multiple areas effecting over all outer and inner problems due to prolonged intake of tablets. The treating physician's request did not include the site of application or directions for use. As such, the prescription for Gabapentin 10%/Ketoprofen 10%/Tramadol 5%/Cyclobenzaprine 2% in Lipoderm base 180gm is not sufficient and not medically necessary.