

Case Number:	CM15-0133421		
Date Assigned:	07/27/2015	Date of Injury:	12/22/2009
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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, California

Certification(s)/Specialty: Family Practice

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 is a 55 year old male patient, who sustained an industrial injury on December 22, 2009. The mechanism of injury was - twisting at the waist while lifting a tree stump. The diagnoses include thoracic or lumbosacral neuritis or radiculitis unspecified, displacement of lumbar intervertebral disc without myelopathy, displacement of intervertebral disc site unspecified without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of unspecified region, bilateral neuralforaminal stenosis, degeneration of lumbar or lumbosacral intervertebral disc, lumbago and myalgia and myositis unspecified. Per the doctor's note dated August 3, 2015, he had complaints of frequent pain in his lower back traveling to his left entirely to the foot. The pain was described as aching and rated an 8 on a 0-10 pain scale. He also complained of headaches. The pain is aggravated by prolonged sitting, prolonged standing, prolonged walking, repetitive bending, repetitive neck bending, repetitive overhead reaching, repetitive carrying, repetitive hand and arm movements, pushing, pulling and lifting heavy objects. The physical examination revealed tenderness and decreased range of motion of the lumbar spine. The medications list includes ibuprofen, tylenol and topical compound creams. He has had lumbar spine MRI on 5/1/2014. He has had physical therapy visits for this injury. The treatment plan included a diagnostic lumbar epidural steroid injection. On June 26, 2015, Utilization Review non-certified the request for retrospective Amitriptylin Dextrometh Gabapentin Versapro 180ml and retrospective Capsaicin Methamphetamine Camphor Gabpentin Flurbiprofen Versapro 180 ml, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 5.4.15) For Amitri/Dextrometh/Gaba/Versa pro compound 180ml: 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 Analgesics, pages 111-113.

Decision rationale: Retro (DOS: 5.4.15) For Amitri/Dextrometh/Gaba/Versa pro compound 180ml. This is a request for topical compound medication. Gabapentin is an anticonvulsant and amitriptyline is an anti depressant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...). (Argoff, 2006) 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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use... Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product...Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of oral antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline and gabapentin are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The Retro (DOS: 5.4.15) For Amitri/Dextrometh/Gaba/Versa pro compound 180ml is not medically necessary for this patient.

Retro (DOS: 5.4.15) Caps/Meth/Camp/Gaba/Flurb versa pro 180ml: 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 Analgesics, pages 111-113.

Decision rationale: Retro (DOS: 5.4.15) Caps/Meth/Camp/Gaba/Flurb versa pro 180ml Flurbiprofen is an NSAID and Gabapentin is anticonvulsant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to

determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...). (Argoff, 2006) 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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments...Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and gabapentin are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. There is no high-grade clinical evidence to support the effectiveness of topical menthol in lotion form. The Retro (DOS: 5.4.15) Caps/Meth/Camp/Gaba/Flurb versa pro 180ml is not medically necessary for this patient.