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| Case Number: | CM15-0134282 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 06/30/2014 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 06/10/2015 |
| 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: 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:

This 42 year old male sustained an industrial injury on 6/30/14. He subsequently reported left lower extremity pain. Diagnoses include left ankle sprain and strain. Treatments to date include x-ray and MRI testing and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, left ankle ranges of motion are decreased and painful. There is tenderness to palpation of the anterior ankle, anterior talofibular ligament, dorsal ankle and lateral ankle. There is muscle spasm of the distal leg. Anterior drawer causes pain. A request for Retrospective: Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/ Capsaicin 0.025% cream, 30 Grams, 72 hr supply and Retrospective: Gabapentin 10%/ Amitriptyline 10%/ Bupivacaine 5% cream, the treating physician made 30 grams, 72 hr supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/ Capsaicin 0.025% cream, 30 Grams, 72 hr supply: 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): 111-113.

Decision rationale: The patient presents with left ankle pain. The request is for Retrospective: Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% Cream 30grams/72 Hour Supply. The request for authorization is not provided. The patient is status post left ankle ORIF surgery, 07/18/14. Physical examination of the left ankle reveals ranges of motion are decreased and painful. There is tenderness to palpation of the anterior ankle, anterior talofibular ligament, dorsal ankle and lateral ankle. There is muscle spasm of the distal leg. Anterior Drawer causes pain. Per progress report dated 05/18/15, the patient to remain off-work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." MTUS, pg 111- 113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS, pg 29, Capsaicin, topical, " Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use. Additionally, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Therefore, the request is not medically necessary.

Retrospective: Gabapentin 10%/Amitriptyline10%/Bupivacaine 5% cream, 30 grams, 72 hr supply: 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.

Decision rationale: The patient presents with left ankle pain. The request is for Retrospective: Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% Cream, 30 Grams, 72 Hr Supply. The request for authorization is not provided. The patient is status post left ankle ORIF surgery,

07/18/14. Physical examination of the left ankle reveals ranges of motion are decreased and painful. There is tenderness to palpation of the anterior ankle, anterior talofibular ligament, dorsal ankle and lateral ankle. There is muscle spasm of the distal leg. Anterior Drawer causes pain. Per progress report dated 05/18/15, the patient to remain off work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use. Therefore, the request is not medically necessary.