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| Case Number: | CM15-0166466 | | |
| Date Assigned: | 09/04/2015 | Date of Injury: | 11/24/2014 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 07/30/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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 42 year old female, who sustained an industrial injury on 11-24-2014. The mechanism of injury occurred when a client knocked her down with her wheelchair. The injured worker was diagnosed as having cervical sprain-strain, bilateral shoulder strain, bilateral wrist pain and lumbar sprain-strain. Cervical and lumbar electromyography (EMG) was within normal limits, cervical magnetic resonance imaging showed cervical 5-6 disc protrusion and a lumbar study showed mild lumbar disc herniation at lumbar 4-sacral 1. Treatment to date has included therapy and medication management. In a progress note dated 7-24-2015, the injured worker complains of constant low back pain, occasional headaches, intermittent cervical pain, intermittent bilateral shoulder pain, upper-mid back pain and intermittent bilateral wrist pain. Physical examination showed bilateral paracervical and trapezius tenderness, bilateral shoulder and wrist tenderness and lumbar tenderness. The treating physician is requesting Retrospective 240gm topical: Capsaicin, Na Hyaluronate, Dexamethasone, Menthol, Camphor, Baclofen, and Flurbiprofen (date of service: 6-15-15) and Retrospective 240gm topical: Sodium Hyaluronate Acid, Bupivacaine, Gabapentin, Amitriptyline, Mediderm cream base (date of service: 6-15-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 240gm topical: Capsaicin, Na Hyaluronate, Dexamethasone, Menthol, Camphor, Baclofen, Fluriprofen qty: 1 (DOS 6/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 42 year old patient complains of pain in cervical spine, bilateral shoulders, mid back, bilateral wrists, and lower back, as per progress report dated 07/24/15. The request is for Retrospective 240gm topical: Capsaicin, Na Hyaluronate, Dexamethasone, Menthol, Camphor, Baclofen, Fluriprofen qty: 1 (DOS 6/15/15). There is no RFA for this case, and the patient's date of injury is 11/24/14. Diagnoses, as per progress report dated 07/24/15, included cervical sprain/strain, bilateral shoulder strain, bilateral wrist pain, and lumbar sprain/strain. Diagnoses, as per progress report dated 07/23/15, included cervical muscle spasm, cervical radiculopathy, cervical sprain, thoracic muscle spasm, thoracic sprain/strain, lumbar disc protrusion, lumbar muscle spasms, lumbar radiculopathy, lumbar sprain/strain, bilateral rotator cuff sprain/strain, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, loss of sleep, anxiety and depression. Medications included Anaprox, Prilosec, Tramadol, Cyclobenzaprine, and topical compounds. The patient is off work, as per the same report. The MTUS Chronic Pain Medical Treatment Guidelines 2009, page 111 and Topical Analgesics section, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product. On topical lidocaine states, Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, a request for this topical compound is only noted in progress report dated 07/13/15. This appears to be the first prescription for this medication. The treater does not explain how and where this cream will be applied. Additionally, MTUS does not support the use of Baclofen in topical form. There is no diagnosis of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not allow for any other formulation of Lidocaine other than topical patches. MTUS Guidelines also provide a clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Since all the three components of this cream are not indicated by the guidelines, this request IS NOT medically necessary.

Retrospective 240gm topical: Sodium Hyaluronate Acid, Bupivacaine, Gabapentin, Amiriptryline, Mediderm cream base qty: 1 (DOS 6/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The 42 year old patient complains of pain in cervical spine, bilateral shoulders, mid back, bilateral wrists, and lower back, as per progress report dated 07/24/15. The request is for Retrospective 240gm topical: Sodium Hyaluronate Acid, Bupivacaine, Gabapentin, Amitriptyline, Mediderm cream base qty: 1 (DOS 6/15/15). There is no RFA for this case, and the patient's date of injury is 11/24/14. Diagnoses, as per progress report dated 07/24/15, included cervical sprain/strain, bilateral shoulder strain, bilateral wrist pain, and lumbar sprain/strain. Diagnoses, as per progress report dated 07/23/15, included cervical muscle spasm, cervical radiculopathy, cervical sprain, thoracic muscle spasm, thoracic sprain/strain, lumbar disc protrusion, lumbar muscle spasms, lumbar radiculopathy, lumbar sprain/strain, bilateral rotator cuff sprain/strain, bilateral shoulder sprain/strain, bilateral wrist sprain/strain, loss of sleep, anxiety and depression. Medications included Anaprox, Prilosec, Tramadol, Cyclobenzaprine, and topical compounds. The patient is off work, as per the same report. MTUS Chronic pain guidelines 2009, page 111 and Topical Analgesics section, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The MTUS has the following regarding topical creams (p111): Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, a request for this topical compound is only noted in progress report dated 07/13/15. This appears to be the first prescription for this medication. The treater does not explain how and where this cream will be applied. Additionally, MTUS specifically states that Gabapentin and anti-depressants such as Amitriptyline are not recommended in any topical formulation. MTUS guidelines also recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits, and it only supports the use of this component in form of a patch. Furthermore, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.