

Case Number:	CM15-0167165		
Date Assigned:	09/04/2015	Date of Injury:	07/12/2004
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male sustained an industrial injury on 7-12-04. He subsequently reported low back pain. Diagnoses include chronic pain syndrome, lumbar spondylosis and lower extremity radiculitis. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker has continued complaints of low back pain. Upon examination, antalgic gait was noted on the right. Lumbar range of motion was restricted due to pain and spasm. A request for Retrospective Cyclobenzaprine /Lidocaine Topical Cream and Flurbiprofen/ Lidocaine /Gabapentine/ Amitriptyline /Capsaic DOS: 6/12/2015) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine /Lidocaine Topical Cream and Flurbiprofen/ Lidocaine /Gabapentine/ Amitriptyline /Capsaic DOS: 6/12/2015: 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 (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work-related injury in July 2004 and is being treated for chronic low back pain and secondary medical conditions. Medications include meloxicam being taken intermittently due to gastric upset. Neurontin is being prescribed at 1200 mg per day. When seen, medications were decreasing pain from 9/10 to 5/10. He was having right lower extremity radicular pain and was using a quad cane. There was decreased right lower extremity strength with muscle atrophy and a foot drop. There was lumbar tenderness with decreased range of motion. Medications were prescribed including topical compounded cream. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Oral gabapentin is being prescribed and the claimant takes oral NSAID medication and the topical medication components are duplicative. This medication was not medically necessary.