

Case Number:	CM15-0167911		
Date Assigned:	09/08/2015	Date of Injury:	05/05/2006
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 52 year old male, who sustained an industrial injury on 5-5-06. The injured worker was diagnosed as having post-surgical lumbar spine, lumbar disc and bilateral leg pain. Treatment to date has included home exercise program, activity modifications and oral and topical medications. Currently on 7-21-15, the injured worker complains of constant lower back pain which increases with standing, twisting, sitting and bending along with frequent bilateral leg pain described as numbness increased with sitting and walking. Physical exam performed on 7-21-15 revealed limited, painful range of motion with positive orthopedic evaluation to the lower back and bilateral legs. A request for authorization was submitted on 7-21-15 for Compound creams: Flurbiprofen 20%, Baclofen 10%-Dexamethasone 1%-Panthenol 0.5% and Dextromethorphan 10%-Gabapentin 10%-Bupivacaine 5%-Menthol 2%-Camphor 2%-Hyaluronic acid and oral Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 1%, Panthenol 10.5% cream base, 30 day supply: 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: Many agents are compounded as mono-therapy or in combination for pain control (for example including, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics and/or antidepressants). Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound contains: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 1%, Panthenol 10.5%. In this case, there is no documentation provided necessitating this compounded topical analgesic. Flurbiprofen, used as a topical NSAID, has been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another two-week period. Menthol and Camphor are not discussed in MTUS. Baclofen is not recommended as a topical agent per CA MTUS Guidelines. Dexamethasone and Panthenol are not discussed in CA MTUS. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Menthol 2%, Camphor 2%, Hyaluronic Acid 0.2% in cream base 30 day supply: 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: Many agents are compounded as monotherapy or in combination for pain control (for example including, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics and/or antidepressants). Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound contains: Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Menthol 2%, Camphor 2%, Hyaluronic Acid 0.2%. In this case, there is no documentation provided necessitating this compounded topical analgesic. There is no documentation of intolerance to other previous oral medications. Flurbiprofen, used as a topical NSAID, has been shown to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another two-week period. Menthol and Camphor are not discussed in MTUS. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. Bupivacaine, Dextromethorphan and Hyaluronic acid are not discussed in CA MTUS. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Omeprazole 20mg SR #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented gastrointestinal (GI) distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age greater than 65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and-or anticoagulants, or high dose-multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. There is no documentation indicating that this patient had any GI symptoms or risk factors. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.