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| Case Number: | CM15-0168392 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 07/18/2002 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 08/25/2015 |
| 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: 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 69 year old female patient, who sustained an industrial injury on 7-18-02. The diagnosis includes lumbago; status post posterior lumbar interbody fusion L5-S1 (sacroiliac) and status post L3-L4 posterior lumbar interbody fusion and removal of hardware. Per the doctor's note dated 8/12/15 and 7/15/2015, she had complaints of low back pain. The physical examination revealed slight flattening of the lumbar lordosis, tenderness in the paraspinal musculature of the lumbar region, bilaterally and midline tenderness in the lumbar region, decreased range of motion of the lumbar spine with active co-operation and effort. The medications list includes Norco, gabapentin and topical compound cream. She has undergone posterior lumbar interbody fusion L5-S1 (sacroiliac) on 4-19-04 and L3-L4 posterior lumbar interbody fusion and removal of hardware. She has had epidural steroid injections for this injury. The request was for retro compound cream: flurbiprofen 20%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6% and lidocaine 2% 180 grams dispensed on 7-28-2015. The original utilization review (8-25-15) denied the request for retro compound cream: flurbiprofen 20%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6% and lidocaine 2% 180 grams dispensed on 7-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro compound cream: Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6% and Lidocaine 2% 180 gms dispensed on 7/28/2015: 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: This is a request for topical compound medication. Cyclobenzaprine and baclofen are muscle relaxants, flurbiprofen is an NSAID and gabapentin is an anticonvulsant. The MTUS Chronic Pain 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." 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). Non-neuropathic pain: Not recommended, "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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking gabapentin. Failure of antidepressants 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. Gabapentin, baclofen and cyclobenzaprine are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The request for retro compound cream: Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6% and Lidocaine is not medically necessary or fully established for this patient.