

Case Number:	CM15-0168563		
Date Assigned:	09/09/2015	Date of Injury:	04/22/2013
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

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

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 50 year old female, who sustained an industrial injury on 4-22-2013. She reported injury to the right side and buttocks and developing back pain from a trip and fall. Diagnoses include lumbar strain, coccyx pain, lumbar disc displacement, and lumbar facet hypertrophy. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and an epidural steroid injection. Currently, she complained of ongoing low back pain. Current medications listed included Tramadol ER, Protonix, and Extra Strength Tylenol. On 6-18-15, the physical examination documented no changes from prior examination. There was decreased lumbar range of motion and a positive straight leg raise test bilaterally. The plan of care included anti-inflammatory, topical compound creams, and a final functional capacity evaluation. This appeal requested Gabapentin 10%- Amitriptyline 10%- Bupivacaine 5%- Flurbiprofen 20% - Dexamethasone 2%, 180 grams in a cream base, prescription dated 7-30-15. The Utilization Review dated 8-10-15 denied this request stating California MTUS Chronic Pain Medical Treatment Guidelines indicate topical analgesics are largely experimental and that the documentation did not support that oral medications had been tried and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% 180 grams in cream base 30 day supply (Rx date 7/30/2015):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.drugs.com/dexamethasone.html>.

Decision rationale: Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% 180 grams in cream base 30 day supply (Rx date 7/30/2015) is not medically necessary per the MTUS Guidelines and an online review of Dexamethasone. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Dexamethasone is a corticosteroid used to treat inflammatory conditions per an online review of this medication. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical Gabapentin is not recommended as there is no peer-reviewed literature to support use. The MTUS does not support topical Baclofen. There is no evidence in the MTUS for topical Amitriptyline for this patient's condition. The MTUS does not recommend topical NSAIDs for spine problems. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate extenuating reasons to go against guideline recommendations and use this topical cream which has drugs not supported topically by the MTUS therefore this request is not medically necessary.