

Case Number:	CM15-0169166		
Date Assigned:	09/09/2015	Date of Injury:	10/23/2013
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 38-year-old male who sustained an industrial injury on 10-23-13. A review of the medical records indicates that he is undergoing treatment for lumbar sprain and strain with myofasciitis and radiculopathy. Medical records (3-15-15 to 7-23-15) indicate complaints of ongoing lower back pain, which has noted to be slightly improved, bringing his pain level from "7 out of 10" to "6 out of 10". However, his ability to engage in work activities has noted to decline, as he was noted to be working without restrictions on 3-5-15 and not working on 7-23-15. His ability to bend, lift, sit, walk, and stand have been compromised (5-5-15). However, there was noted improvement in the length of time he is able to sit on 7-7-15. The treating provider's physical examinations have consistently noted tenderness and spasms in the lumbar region with decreased range of motion. He has undergone treatments of oral and topical medications, acupuncture, and a TENS unit. He is awaiting pain management and a lumbosacral support. His diagnostic tests have included cervical and lumbar x-rays, a lumbar MRI, and EMG-NCV testing. The request for authorization of the requested service is unavailable for review. The utilization review (8-13-15) indicates the request for Gabapentin 15%, Dexamethorphan 10%, and Amitriptyline 4% - 180 grams is denied due to "the primary ingredient, Gabapentin, is not recommended for topical compound formulation purposes". The Flurbiprofen 25%, Cyclobenzaprine 2% - 180 grams is denied due to "Cyclobenzaprine being not recommended for topical compound formulation purposes."

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Cyclobenzaprine 2% 180 grams: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (in topical forms). There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, the request for Flurbiprofen 25%, Cyclobenzaprine 2% 180 grams is not medically necessary.

Gabapentin 15% Dextromethorphan 10% Amitriptyline 4% 180 grams: 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: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain such as antiepileptic in this case. Therefore, the request for Gabapentin 15% Dextromethorphan 10% Amitriptyline 4% 180 grams is not medically necessary.