

Case Number:	CM15-0180382		
Date Assigned:	09/22/2015	Date of Injury:	08/21/2001
Decision Date:	10/29/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/14/2015

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 55 year old female patient, who sustained an industrial injury on 8-12-2001. The diagnoses include low back pain, L5-S1 microdiscectomy (9-18-2001 and 10-05-2001), L5-S1 posterior annular disc tear, L4-5 anterior annular disc tear, L3-L4 annular disc tear, right L5 and S1 radiculopathy, right sacroiliac joint dysfunction, and loss of spinal segment integrity at L3-4. Per the Primary Treating Physician's Progress Report dated 8/13/2015, she had complaints of low back pain without radiation and tingling or numbness. Per the Primary Treating Physician's Progress Report dated 5-25-2015, she had complaints of constant, intense, aching, burning pain in a band-like distribution across her low back without radiation with numbness of the right lateral leg and top of foot. The physical examination revealed tenderness to palpation of the supraspinatus ligament L5 to sacrum, hypoesthesia of the right lateral leg and dorsum of foot. The medications list includes ibuprofen and topical compound cream. She has had X-rays of the lumbar spine dated 5-20-2015 which revealed disc space narrowing L5-S1, loss of spinal segment integrity; flexion view: 13mm anterolisthesis of L3 and L4; extension view: 6mm anterolisthesis of L3 and L4; EMG/NCS of the lower extremities dated 6/12/2015 which revealed right S1 radiculopathy and suggestive but not confirmatory of right L5 radiculopathy; MRI lumbar spine dated 6/17/2015. Treatment to date has included surgical intervention (L5-S1 microdiscectomy, 2001), medications and H-wave unit. The plan of care included, and authorization was requested on 5-25-2015, for EMG (electromyography)-NCV (nerve conduction studies) of bilateral lower extremities, magnetic resonance imaging (MRI), H-wave home unit trial and Flurbiprofen 20%-Gabapentin 6%-Lidocaine 5%-Baclofen 2%-

Cyclobenzaprine 2% #360. On 8-28-2015, Utilization Review non-certified the request for Flurbiprofen 20%-Gabapentin 6%-Lidocaine 5%-Baclofen 2%-Cyclobenzaprine 2% #360 citing guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, and Cyclobenzaprine 2%, 360gm with 2 refills: 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: Compound medication: Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, and Cyclobenzaprine Flurbiprofen is an NSAID, Gabapentin is an anticonvulsant, cyclobenzaprine and baclofen are muscle relaxants. The cited 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. "Baclofen: Not recommended". There is no peer-reviewed literature to support the use of topical baclofen. 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." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants 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, Cyclobenzaprine and baclofen are not recommended by the cited guidelines for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Compound medication: Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, and Cyclobenzaprine is not fully established for this patient.