

Case Number:	CM15-0181775		
Date Assigned:	09/23/2015	Date of Injury:	02/03/2011
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 injured worker is a 50-year-old male who reported an industrial injury on 2-3-2011. His diagnoses, and or impressions, were noted to include cervical sprain-strain with right-sided disc extrusion at cervical 6-7; lumbosacral sprain-strain with facet syndrome and early discopathy; and status-post left knee arthroscopy x 2. Recent toxicology studies were noted on 3-23-2015; no current imaging studies were noted. His treatments were noted to include medication management with toxicology studies. The progress notes of 7-27-2015 reported a follow-up evaluation, which reported: that the pain management request for injections had been approved but the anesthesia for the injections had not been approved. The objective findings were noted to include: limitations with cervical lateral bending; that the injection situation was still in the process of getting worked out; that he had not been tolerating oral medications; and that he did receive benefit from the transdermal creams. The physician's requests for treatment were noted to include prescribing the transdermal creams - flurbiprofen 20% with lidocaine 5%, 150-gram transdermal cream; Gabapentin 10% with amitriptyline 5% and capsaicin 0.025%, 150 grams transdermal cream; and Cyclobenzaprine 10% with lidocaine 2%, 150 grams transdermal cream. The Request for Authorization, dated 8-13-2015, was noted for flurbiprofen 20% with lidocaine 5%, 150-gram transdermal cream; Gabapentin 10% with amitriptyline 5% and capsaicin 0.025%, 150 grams transdermal cream; and Cyclobenzaprine 10% with lidocaine 2%, 150 grams transdermal cream. The Utilization Review of 8-20-2015 non-certified the request for: flurbiprofen 20% with lidocaine 5%, 150 gram transdermal cream; Gabapentin 10% with amitriptyline 5% and capsaicin 0.025%, 150 grams transdermal cream; and Cyclobenzaprine 10% with lidocaine 2%, 150 grams transdermal cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%-Lidocaine 5%, 150gm transdermal cream #1: 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: The CA MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, only Lidoderm is indicated for neuropathic pain, while not all other topical formulations of lidocaine are recommended. The guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, per the cited MTUS guidelines, the request for flurbiprofen 20% with lidocaine 5%, 150-gram transdermal cream #1 cannot be considered medically necessary.

Gabapentin 10%-Amitriptyline 5%-Capsaicin 0.025%, 150gm transdermal cream #1: 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: The CA MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. In addition, Gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Gabapentin 10% with amitriptyline 5% and capsaicin 0.025%, 150 grams transdermal cream #1 for topical use cannot be deemed medically necessary.

Cyclobenzaprine 10%-Lidocaine 2%, 150gm transdermal cream #1: 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: The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers (e.g. Cyclobenzaprine) and lidocaine (other than Lidoderm) are not recommended as topical products. Therefore, since they are not recommended by the MTUS, the request for Cyclobenzaprine 10% with lidocaine 2%, 150 grams transdermal cream #1 cannot be considered medically necessary and appropriate at this time.