Case Number:	CM15-0182352		
Date Assigned:	09/23/2015	Date of Injury:	03/01/2012
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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: Arizona, 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:

The injured worker is a 64 year old female, who sustained an industrial injury on March 1, 2012 incurring upper and lower back injuries. She was diagnosed with lumbar disc disease with disc protrusion, lumbar sprain, lumbar facet arthropathy and right sacroiliac dysfunction, thoracic disc displacement, and thoracic sprain. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, and lumbar Radiofrequency Ablation, physical therapy and activity restrictions. Currently, the injured worker complained of ongoing cervical spine and lumbar spine pain rated 8 out of 10 on a pain scale from 1 to 10. The low back pain was radiating to both legs with numbness and tingling in the knee. The upper back pain was burning and sharp and radiating into both arms with weakness, tingling and numbness. On October 25, 2014, a lumbar spine Magnetic Resonance Imaging revealed disc bulging with foraminal narrowing compromising the nerve root. The treatment plan that was requested for authorization on September 2, 2015, included prescription for Gabapentin 10%, Amitriptyline 10%, and Bupivacaine in cream base and a prescription for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, and Camphor 2%, Capsaicin 0.023% in a cream base. On August 20, 2015, a request for prescriptions for two compound cream medications was not approved by utilization review.

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 in cream base: 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 the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical antidepressant such as Amitriptyline as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was also simultaneously prescribed other topical analgesics. The claimant was on topical medications for over a month. Since the compound above contains these topical medications, the Gabapentin 10%, Amitriptyline 10%, Bupivacaine is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base: 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 the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants topical Baclofen are not recommended due to lack of evidence. Topical NSAID such as Flurbiprofen is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was also on other topical analgesics for several months and long-term use is not recommended or effective. Since the compound above contains these topical medications, the Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% is not medically necessary.