

Case Number:	CM15-0182704		
Date Assigned:	09/23/2015	Date of Injury:	04/09/2015
Decision Date:	11/06/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male with a date of injury on 04-09-2015. The injured worker is undergoing treatment for cervical strain-sprain, thoracic strain-sprain, lumbar strain-sprain-lumbar spine with bilateral spondylosis and spondylolisthesis of L5 and S1 with degenerative changes and foraminal stenosis, severe at L5-S1 impinging on the L5 nerve root sleeves. A physician progress note dated 07-13-2015 documents the injured worker can ambulate without too much difficulty. He has a positive straight leg raise bilaterally. On examination he has some slight mild tenderness of the lumbar spine and normal range of motion. The thoracic spine is limited to about 10 degrees of extension. The cervical spine has restricted range of motion. His right shoulder has some pain but he has good range of motion, with some discomfort on the right side. A physician note dated 08-26-2015. A progress note dated 08-26- 2015 documents the injured worker's pain and activity level is the same as the previous visit. He complains of having a lot of psychological stress and he keeps reliving the accident. He was very emotional labile and started crying throughout the visit and seems to be suffering from "post-traumatic stress disorder". The injured worker states he did benefit from the topical creams somewhat and he would like to have them refilled. He gets relief from the creams especially at night. Treatment to date has included diagnostic studies, medications, and physical therapy. Current medications include Omeprazole, Naproxen, and Methocarbamol, Cyclobenzaprine, and Meloxicam was dispensed with the 08-26-2015 visit. On 06-16-2015 a Magnetic Resonance Imaging of the lumbar spine revealed bilateral spondylosis at L5 with grade I spondylolisthesis of L5 and S1. There are spondylitic changes of the lumbar spine without central spinal stenosis. There are multilevel neural foraminal stenosis, severe at

L5-S1 with impingement upon the L5 nerve root sleeves. The Request for Authorization dated 08-26-2015 is for Amitriptyline 10%- Gabapentin 10% -Bupivacaine 5% in cream base, 210gm (prescribed 8-26-15), and Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol 0.5% in cream base, 210gm (prescribed 8- 26-15). On 09-03-2015 the Utilization Review non-certified the requested treatments of Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in cream base, 210gm (prescribed 8-26-15), and Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol 0.5% in cream base, 210gm (prescribed 8-26-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone 2%/ Panthenol 0.5% in cream base, 210gm (prescribed 8/26/15): 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 current request is for Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone 2%/ Panthenol 0.5% in cream base, 210gm (prescribed 8/26/15). The RFA is dated 08/26/15. Treatment to date has included diagnostic studies, medications, and physical therapy. The patient's work status is "regular duty". MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per report 07/13/15, the patient reports neck, upper back and lower back pain. He also complains of headaches. The patient reports that he does benefit from the topical creams, mostly at night. The treater has requested a refill. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use. Therefore, the request is not medically necessary.

Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine %5 in cream base, 210gm (prescribed 8/26/15): 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: Per report 07/13/15, the patient reports neck, upper back and lower back pain. He also complains of headaches. The patient reports that he does benefit from the topical creams, mostly at night. The treater has requested a refill. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use. Therefore, the request is not medically necessary. The current request is for Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine 5% in cream base, 210gm (prescribed 8/26/15). The RFA is dated 08/26/15. Treatment to date has included diagnostic studies, medications, and physical therapy. The patient's work status is "regular duty". MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per report 07/13/15, the patient reports neck, upper back and lower back pain. He also complains of headaches. The patient reports that he does benefit from the topical creams, mostly at night. The treater has requested a refill. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use. Therefore, the request is not medically necessary.