

Case Number:	CM15-0183821		
Date Assigned:	09/24/2015	Date of Injury:	03/05/2015
Decision Date:	11/06/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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 43 year old male, who sustained an industrial injury on 03-05-2015. The injured worker is currently temporarily totally disabled since modified duty not available. Medical records indicated that the injured worker is undergoing treatment for lumbosacral sprain-strain, neck sprain-strain, carpal tunnel syndrome, thoracic-lumbosacral neuritis-radiculitis, and inguinal hernia. Treatment and diagnostics to date has included medications. Current medications include Naproxen and compound creams. In a progress note dated 08-20-2015, the injured worker reported groin, neck, and back pain rated 9 out of 10 on the pain scale. Objective findings included tenderness to palpation to inguinal area with positive inguinal hernia. The Utilization Review with a decision date of 09-09-2015 denied the request for Flurbiprofen cream (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) 240gm, Gabacyclotram (Gabapentin 10%-Cyclobenzaprine 6%-Tramadol 10%) 240gm, and UA (urinalysis) toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen (NAP) cream 240g #1 (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%):
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: Based on the 08/20/15 progress report provided by treating physician, the patient presents with pain to neck, back, groin and hernia, rated 9/10. The request is for flurbiprofen (nap) cream 240g #1 (flurbiprofen 20%/lidocaine 5%/amitriptyline 5%). RFA with the request not provided. Patient's diagnosis on 08/20/15 includes lumbosacral sprain-strain, neck sprain-strain, carpal tunnel syndrome, thoracic-lumbosacral neuritis-radiculitis, and inguinal hernia. Physical examination on 07/30/15 revealed spasm and tenderness to palpation to the lumbar spine, midline and SI joint. Range of motion was decreased. Positive straight leg raise test. Treatment to date has included chiropractic and medications. Patient's medications include Naproxen, Cyclobenzaprine and topical creams. The patient is temporarily totally disabled, per 08/20/15 report. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided medical rationale for the request, nor indicated where this topical is applied, how often, and with what efficacy. 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 Lidocaine and Amitriptyline which are not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

Gabacloctram cream 240g #1 (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%):
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: Based on the 08/20/15 progress report provided by treating physician, the patient presents with pain to neck, back, groin and hernia, rated 9/10. The request is for gabacyclotram cream 240g #1 (gabapentin 10%/cyclobenzaprine 6%/tramadol 10%). RFA with the request not provided. Patient's diagnosis on 08/20/15 includes lumbosacral sprain-strain, neck sprain-strain, carpal tunnel syndrome, thoracic-lumbosacral neuritis-radiculitis, and inguinal hernia. Physical examination on 07/30/15 revealed spasm and tenderness to palpation to the lumbar spine, midline and SI joint. Range of motion was decreased. Positive straight leg raise test. Treatment to date has included chiropractic and medications. Patient's medications include Naproxen, Cyclobenzaprine and topical creams. The patient is temporarily totally disabled, per 08/20/15 report. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Analgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided medical rationale for the request, nor indicated where this topical is applied, how often, and with what efficacy. 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, Cyclobenzaprine and Tramadol which are not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

UA toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Urine Drug Testing.

Decision rationale: Based on the 08/20/15 progress report provided by treating physician, the patient presents with pain to neck, back, groin and hernia, rated 9/10. The request is for UA TOXICOLOGY. RFA with the request not provided. Patient's diagnosis on 08/20/15 includes lumbosacral sprain-strain, neck sprain-strain, carpal tunnel syndrome, thoracic-lumbosacral neuritis-radiculitis, and inguinal hernia. Physical examination on 07/30/15 revealed spasm and tenderness to palpation to the lumbar spine, midline and SI joint. Range of motion was decreased. Positive straight leg raise test. Treatment to date has included chiropractic and medications. Patient's medications include Naproxen, Cyclobenzaprine and topical creams. The patient is temporarily totally disabled, per 08/20/15 report. MTUS, Drug Testing Section, pg 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, Pain chapter under Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." Treater does not explain the purpose of this request, discuss chronic opioid use, nor provides risk assessment for opioid/narcotic dependence. Provided medical records do not indicate the patient is undergoing opioid therapy. MTUS only supports UDS in patients taking opioid medications. Given the lack of relevant documentation, this request IS NOT medically necessary.