

Case Number:	CM15-0184175		
Date Assigned:	09/24/2015	Date of Injury:	06/20/2010
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 61 year old female who reported an industrial injury on 6-20-2010. Her diagnoses, and or impressions, were noted to include: lumbar 3-4 & 4-5 disc protrusions per magnetic resonance imaging studies of 10-1-2014); chronic lumbosacral radiculitis down the left leg; status-post laminectomy and decompression surgery (9-17-12), with residuals; lumbago; symptomatic lumbar spine myofascial pain, degenerative disc disease, herniated nucleus pulposes; and symptomatic sacroiliac syndrome. No current imaging studies were noted. Her treatments were noted to include: 10 physical therapy - lumbar spine (March- May, 2015); bilateral sacroiliac joint injections, trigger point injections bilateral piriformis muscles (Feb., 2015); a home exercise program; medication management to include anti-inflammatory analgesic topical creams. No current medical records-progress notes, within 6 months of the Utilization Review date of 8-31-2015, requesting Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in a cream base and Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in a cream base, or which documented the current symptoms-subjective complaints, physical examination findings and functional responses to the use of ordered treatments and medications, were noted in the medical records provided. The Request for Authorization, dated 8-24-2015, was noted for: Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in a cream base, apply a thin layer 2-3 times per day, #210 grams; and Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in a cream base, apply a thin layer 2-3 times per day, #210 grams. The Utilization Review of 8-31-2015 non-certified the request for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in a cream base; and Amitriptyline 10%/Gabapentin 10%/ Bupivacaine 5% in a cream base.

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 a 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: Regarding the request for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in a cream base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in a cream base is not medically necessary.

Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in a 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: Regarding the request for Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in a cream base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in a cream base is not medically necessary.