

Case Number:	CM15-0184631		
Date Assigned:	09/25/2015	Date of Injury:	10/09/2013
Decision Date:	11/06/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 50 year old female who sustained an industrial injury on 10-9-13. A review of the medical records indicates she is undergoing treatment for L3-L4 four millimeter right-sided herniated nucleus pulposus with right neural foraminal narrowing and right L4 nerve root compression, L4-L5 three millimeter herniated nucleus pulposus with bilateral neural foraminal narrowing, L5-S1 three millimeter herniated nucleus pulposus with annular tear and bilateral neural foraminal narrowing, bilateral lower extremity radiculopathy, critical stenosis of the lumbar spine, status post ACDF C3-C7 on 3-26-15, status post fracture of the right fifth finger with motion abnormality, flexion and extension deformities, and residual hyperesthesia, rule out reflex sympathetic dystrophy syndrome of the right upper extremity, right elbow myoligamentous sprain and strain, right wrist myoligamentous sprain and strain, and right shoulder rule out rotator cuff tear. Medical records (7-7-15 to 8-4-15) indicate ongoing complaints of neck pain, rating 8-9 out of 10, with radiation to bilateral upper extremities, low back pain, rating 8-9 out of 10, with radiation to bilateral lower extremities, as well as complaints of anxiety, depression, stress, and insomnia. The physical examination (8-4-15) reveals tenderness over the L3-L4, L4-L5, and L5-S1 areas bilaterally, affecting the right side more than the left. More leg pain is noted on the left side. A positive straight leg raise and tension signs are noted bilaterally. Motor weakness is noted. Decreased sensation is noted on L4 and L5 dermatomes. Diagnostic studies have included x-rays of the cervical spine and an MRI of the lumbar spine. Treatment has included oral medications, including Percocet, MS

Contin, Neurontin, and Flexeril. Treatment recommendations on 8-4-15 include physical therapy for the cervical spine twice weekly for four weeks. The utilization review (7-9-15 and 8-14-15) include requests for authorization of Flurbiprofen 20% gel 120gms, Ketoprofen 20%/Ketamine 10% gel 120gms, and Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% gel 120gms. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% gel 120gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Flurbiprofen 20% gel 120gm is not medically necessary.

Ketoprofen 20%, Ketamine 10% gel 120gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." As such, the request for Ketoprofen 20%, Ketamine 10% gel 120gm is not medically necessary.

Gabapentin 10, Cyclobenzaprine 10%, Capsaicin 0.0375% gel 120gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states that topical Gabapentin is "Not recommended". And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Gabapentin 10, Cyclobenzaprine 10%, Capsaicin 0.0375% gel 120gm is not medically necessary.