

Case Number:	CM15-0184921		
Date Assigned:	09/25/2015	Date of Injury:	04/19/2012
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
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: 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 53 year old male, who sustained an industrial-work injury on 4-19-12. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbosacral disc degeneration, lumbosacral neuritis, brachial neuritis, cervical spinal stenosis, sprain of neck, neuralgia-neuritis, lumbar disc displacement, back contusion, cervical spondylosis with myelopathy, lumbosacral spondylosis, arthrodesis, spondylolisthesis, joint pain-shoulder, and hypertension. Treatment to date has included medication, status post C3-4 discectomy and fusion on 3-26-14, ESI (epidural steroid injection) and physical therapy. Currently, the injured worker complains of unchanged problematic neck pain, rated 7 out of 10, with spasms and throbbing. The lumbar spine pain had decreased pain. OxyContin brings pain level from 7 out of 10 to 5 out of 10. He is able to walk but slowly, can drive short distances, and unable to do housework or cooking. Sleep is affected. Lisinopril and hydrochlorothiazide and potassium supplement is prescribed for blood pressure management. Per the primary physician's progress report (PR-2) on 8-5-15, exam noted tenderness to palpation over the bilateral upper facets bilateral mid and lower facets, bilateral trapezius spasms, and pain with range of motion and pain in left C5-6 distribution. The Request for Authorization requested service to include Pharmacy Purchase of Diclofenac-Gabapentil-Lidocaine-Sterilwa-Ethox (#360). The Utilization Review on 9-2-15 denied the request for Pharmacy Purchase of Diclofenac-Gabapentil-Lidocaine-Sterilwa-Ethox (#360), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy Purchase Of Diclofenac/Gabapentil/Lidocaine/ Sterilwa/Ethox Number Three Hundred And Sixty (#360): 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 8/5/15 progress report provided by the treating physician, this patient presents with decreased pain in lumbar spine with spasm/throbbing rated 6/10 on VAS scale, and unchanged pain in cervical spine with spasm/throbbing rated 7/10 on VAS scale. The treater has asked for pharmacy purchase of diclofenac/gabapentil [gabapentin] /lidocaine/sterilwa/ethox number three hundred and sixty (#360) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient is s/p cervical fusion/compression at C3-4 from 3/26/14 per 8/5/15 report. The patient has left shoulder pain, as well as back pain is radiating to the left leg with standing/walking per 7/27/15 report. The patient states that cervical pain is the most problematic, and is declining low back surgery at this time per 8/5/15 report. The patient stopped MS Contin last month and started Oxycontin, which is working better per 8/5/15 report. The patient is not currently working per 8/5/15 report. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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, Topical Analgesics, pg. 113: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Treater does not specifically discuss this medication per review of reports. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not indicated. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Furthermore, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a dermal patch. Therefore, the request is not medically necessary.