

Case Number:	CM15-0185067		
Date Assigned:	09/25/2015	Date of Injury:	02/21/2015
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:

This injured worker is a 53-year-old male who reported an industrial injury on 2-21-2015. His diagnoses, and or impressions, were noted to include: lumbar sprain-strain; lumbar discogenic spondylosis; bilateral inguinal hernia, status-post hernia repair. X-rays of the lumbar spine were done on 6-9-2015, noting abnormal findings; no current imaging studies were noted. A recent toxicology screening was noted on 8-10-2015. His treatments were noted to include: physical therapy evaluation (6-2-15); a cardiology genomic panel (laboratories) on 7-9-2015; medication management; and rest from work until a return to modified work duties on 5-26-2015 versus 6-3-2015. The progress notes of 6-9-2015 reported an allergy to Naproxen with a reported skin rash, and a request for compound topical creams: Flurbiprofen 25% - Cyclobenzaprine 2% in 180 grams; and Gabapentin 15% - Dextromethorphan 10% - Amitriptyline 4% in 180 grams. The progress notes of 8-10-2015 reported: intermittent lumbar spine pain, rated 0-3 out of 10, worsened by bending, kneeling, exercise and activity, and improved by medications, therapy and creams; and a much improved bilateral inguinal hernia. The objective findings were noted to include: that he felt much better overall; functional improvement with activities of daily living; that he refused a bilateral groin examination, an ultrasound and surgical consult for status-post bilateral inguinal hernia repair check-up due to significant decrease in pain and feeling much better; bilateral lumbar tenderness with decreased range-of-motion. The physician's requests for treatment were noted to include Flurbiprofen 25% - Cyclobenzaprine 2% in 180 grams; and Gabapentin 15% - Dextromethorphan 10% - Amitriptyline 4% in 180 grams. The Request for Authorization, dated 8-10-2015, was for: Flurbiprofen 25% - Cyclobenzaprine 2% compound cream, 180 grams, apply 2-3 x per day; and Gabapentin 15% - Dextromethorphan 10% - Amitriptyline 4% compound cream, 180 grams, apply 2-3 x per day. The Utilization Review of

9-2-2015 non-certified the request for Flurbiprofen 25% - Cyclobenzaprine 2% in 180 grams; and Gabapentin 15% - Dextromethorphan 10% - Amitriptyline 4% in 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Cyclobenzaprine 2% in 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient was injured on 02/21/15 and presents with lumbar spine pain. The request is for flurbiprofen 25%, cyclobenzaprine 2% in 180 grams. The RFA is dated 09/08/15 and the patient is to return to modified work from 07/09/15 to 08/10/15. MTUS Guidelines, Topical Analgesics NSAIDs section, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." 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. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. The patient is diagnosed with lumbar sprain-strain, lumbar discogenic spondylosis, and bilateral inguinal hernia, status-post hernia repair. 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 consists of Cyclobenzaprine, which is not indicated for use as a topical formulation. Therefore, the requested compounded topical is not medically necessary.

Gabapentin 15%, Dextromethorphan 10%, Amitriptyline 4% in 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient was injured on 02/21/15 and presents with lumbar spine pain. The request is for gabapentin 15%, dextromethorphan 10%, amitriptyline 4% IN 180 grams. The RFA is dated 09/08/15 and the patient is to return to modified work from 07/09/15 to 08/10/15. MTUS Guidelines, Topical Analgesics NSAIDs section, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." 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. MTUS continues to state that

many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "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 review literature to support the use of topical baclofen." The patient is diagnosed with lumbar sprain-strain, lumbar discogenic spondylosis, and bilateral inguinal hernia, status-post hernia repair. MTUS specifically states that anti-depressants such as Amitriptyline are not recommended and this ingredient has not been tested for transdermal use with any efficacy. The requested compounded cream also contains Gabapentin, which is not indicated by guidelines. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Neither Amitriptyline nor Gabapentin are indicated for topical cream. The requested compounded cream is not medically necessary.