

Case Number:	CM15-0185343		
Date Assigned:	09/25/2015	Date of Injury:	08/25/2011
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
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 45-year-old male, who sustained an industrial injury on August 25, 2011, incurring upper and lower back injuries and bilateral knee injuries. He was diagnosed with a cervical sprain, lumbar sprain, right knee chondromalacia, right knee internal derangement, right knee sprain, left knee chondromalacia and left knee internal derangement. Treatment included chiropractic sessions, topical analgesic creams, acupuncture, anti-inflammatory drugs, pain management and restricted activities. Currently, the injured worker complained of continuous neck pain with numbness and tingling radiating into the bilateral upper extremity rating his pain level 8 out of 10 on a pain scale of 1 to 10. He noted persistent low back pain radiating into the lower extremity with numbness, tingling and burning sensation. Prolonged standing, twisting, walking, lifting, and bending, aggravated his pain. He complained of intermittent bilateral knee pain increased with activity, climbing stairs, flexing and extending the knees, buckling and giving way. He rated his knee pain 5 to 10 on a pain scale of 1 to 10. The treatment plan that was requested for authorization on September 21, 2015, included prescriptions for topical analgesic compound creams. On September 4, 2015, prescriptions for topical analgesic compound creams were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb/Baclo/Camp/Menth/Dexa/Cap/Hya acid 20%/5%/2%/2%/0.2%/0.025%: 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: The 45-year-old patient complains of neck pain with pain, numbness and tingling radiating to bilateral upper extremities; lower back pain with pain, numbness and tingling radiating to the left lower extremity; right knee pain; left knee pain; and intermittent headaches with nausea; as per progress report dated 08/17/15. The request is for FLURB/BACLO/CAMP/MENTH/DEXA/CAP/HYA ACID 20% /5% /2% /2% /0.2% /0.025%. The RFA for this case is dated 08/17/15, and the patient's date of injury is 08/25/11. The pain is rated at 5-10/10, as per progress report dated 08/17/15. Diagnoses included headache, cervical muscle spasm, cervical sprain/strain, lumbar myospasm, lumbar sprain/strain, bilateral knee chondromalacia, bilateral knee internal derangement, and bilateral knee sprain/strain. The patient is off work, as per the same progress report. MTUS chronic pain guidelines 2009, page 111 and Topical Analgesics section, state that there is no evidence for use of any muscle relaxants such as Baclofen as a topical product. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Regarding Capsaicin, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, a request for Flurb/Baclo/Camp/Menth/Dexa/Cap/Hya acid cream for "general joint and musculoskeletal pain" is first noted in progress report dated 04/16/15. It is not clear when the medication was initiated. In progress report dated 08/17/15, the treater states that topical medications are being prescribed "to minimize possible neurovascular complications, and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." As per the report, the goal of compounded creams is to "alleviate pain and improve patient function while at the same time not creating patient chemical dependency (addiction) that is common with oral analgesics." The treater also states that the compounded creams were ordered for the lumbar spine and bilateral knees. The progress reports, however, do not document the efficacy of the topical compound in terms of its impact on the patient's pain and function. Additionally, there is no indication of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not support the use topical NSAIDs for spinal or axial pain. Furthermore, MTUS does recommend muscle relaxants such as Baclofen in topical form. Capsaicin is only recommended in patients who have not responded or are intolerant to other treatments. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.

Amit/Gaba/Bup/hya acid 10%/10%/5%.0.2% 240 gm: 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: The 45-year-old patient complains of neck pain with pain, numbness and tingling radiating to bilateral upper extremities; lower back pain with pain, numbness and tingling radiating to the left lower extremity; right knee pain; left knee pain; and intermittent headaches with nausea; as per progress report dated 08/17/15. The request is for AMIT/GABA/BUP/HYA ACID 10%/10%/5%.0.2% 240 gm. The RFA for this case is dated 08/17/15, and the patient's date of injury is 08/25/11. The pain is rated at 5-10/10, as per progress report dated 08/17/15. Diagnoses included headache, cervical muscle spasm, cervical sprain/strain, lumbar myospasm, lumbar sprain/strain, bilateral knee chondromalacia, bilateral knee internal derangement, and bilateral knee sprain/strain. The patient is off work, as per the same progress report. MTUS chronic pain guidelines 2009, pg 111 and Topical Analgesics section, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, a request for Amit/Gaba/Bup/hya acid for "neuropathic pain" is first noted in progress report dated 04/16/15. It is not clear when the medication was initiated. In progress report dated 08/17/15, the treater states that topical medications are being prescribed "to minimize possible neurovascular complications, and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." As per the report, the goal of compounded creams is to "alleviate pain and improve patient function while at the same time not creating patient chemical dependency (addiction) that is common with oral analgesics." The treater also states that the compounded creams were ordered for the lumbar spine and bilateral knees. The progress reports, however, do not document the efficacy of the topical compound in terms of its impact on the patient's pain and function. MTUS specifically states that Gabapentin and anti-depressants such as Amitriptyline are not recommended in any topical formulation. MTUS guidelines also recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Additionally, the Guidelines state clearly "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.