MAXIMUS Federal Services

Case Number:	CM15-0186994		
Date Assigned:	09/29/2015	Date of Injury:	01/12/2015
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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:

The injured worker is a 60 year old female who sustained an industrial injury on 1-12-15 to her low back from a fall. She is temporarily totally disabled. The medical records indicate that the injured worker is being treated for lumbar radiculopathy; hip pain; L3-4 and L4-5 stenosis right lower extremity. She currently (8-27-15) complains of ongoing low back pain and lower extremity pain. She exhibits an antalgic short-stepped gait to the right with painful heel and toe walk with some loss of balance. On physical exam of the lumbar spine, there was decreased range of motion with spasms, positive sciatic stretch, decreased sensation in the right L5 and S1 dermatome. In the 6-29-15 note the provider indicated that the injured workers activities of daily living were impacted in the areas of self-care and personal hygiene; communication such as typing, writing, seeing; physical activity including standing, sitting reclining, walking and climbing stairs; driving; sleep disturbance. Diagnostics included electrodiagnostic study of the bilateral lower extremities (7-31-15) normal; MRI of the lumbar spine (3-18-15) revealed a broad based disc bulge, disc protrusion, neural foraminal stenosis. Treatments to date include acupuncture (2 visits as of 8-27-15) with some lower extremity cramping following the treatment which is getting a bit better; physical therapy with no benefit; she cannot tolerate oral medications due to gastrointestinal symptoms (per 8-27-15 note) but does use over the counter Advil on occasion. She has previously (1-2015) been on Robaxin, Motrin. The request for authorization dated 8-27-15 was for flurbiprofen, gabapentin, capsaicin, camphor, menthol 10-10-10. 0.25-2% 180 grams cream; acupuncture 8 visits to the lumbar spine. On 9-15-15, Utilization Review, non-certified the request for flurbprofen, gabapentin, capsaicin, camphor, menthol 10-10-10. 0.25-2% 180 grams cream; acupuncture 8 visits to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiporfen / Gabapentin / Capsaicin / Camphor / Menthol / 10 / 10 / 0.025 / 2 / 2% 180gm cream: 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 Flurbiporfen / Gabapentin / Capsaicin / Camphor / Menthol / 10 / 10 / 0.025 / 2 / 2% 180gm cream, 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." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." 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. 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 Flurbiporfen / Gabapentin / Capsaicin / Camphor / Menthol / 10 / 10 / 0.025 / 2 / 2% 180gm cream is not medically necessary.

Acupuncture 2 times a week for 4 weeks (8 visits), lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for Acupuncture 2 times a week for 4 weeks (8 visits), lumbar spine, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. Additionally, there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested Acupuncture 2 times a week for 4 weeks (8 visits), lumbar spine is not medically necessary.