

Case Number:	CM15-0192076		
Date Assigned:	10/06/2015	Date of Injury:	05/04/2015
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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 57-year-old male, who sustained an industrial injury on 05-04-2015. He has reported subsequent low back pain and was diagnosed with sprain and strain of lumbosacral spine. Treatment to date has included oral and topical pain medication including Ibuprofen, oral Diclofenac and muscle rub ultra strength over the counter and chiropractic therapy, which were noted to have failed to significantly relieve the pain. There was no documentation that anti-depressant or anti-convulsant medications had been prescribed. In a progress note dated 07-28-2015, the injured worker reported constant low back pain that was rated as 6-8 out of 10 and radiated to the left lower extremity with numbness. Objective examination findings showed pain and tenderness in the lumbar spine extending to the left lower extremity with numbness, positive seated nerve root test, guarded and restricted range of motion of the lumbar spine and numbness in the left lower extremity. Work status was documented as light duty. A request for authorization of Flurbiprofen 10%, Capsaicin (plain) 0.025% 120 gms Qty:1 and Lidocaine 5%, Gabapentin 10% 60 gms was submitted. As per the 09-24-2015 utilization review, the aforementioned requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin (plain) 0.025% 120 gms Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and Capsaicin over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Diclofenac and topical compounded. Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this Capsaicin medication for this injury without improved functional outcomes attributable to their use. The Flurbiprofen 10%, Capsaicin (plain) 0.025% 120 gms Qty: 1 is not medically necessary and appropriate.

Lidocaine 5%, Gabapentin 10% 60 gms: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded Lidocaine and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of Lidocaine without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this injury without improved functional outcomes attributable to their use. The Lidocaine 5%, Gabapentin 10% 60 gms is not medically necessary and appropriate.