

Case Number:	CM15-0194353		
Date Assigned:	10/08/2015	Date of Injury:	08/06/2014
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 38 year old male, who sustained an industrial injury on August 6, 2014, incurring low back injuries. He was diagnosed with lumbar muscle strain, lumbar facet syndrome, lumbar neuritis, lumbar radiculitis, and lumbar disc degeneration. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, sleep aides, chiropractic sessions, topical analgesic creams and activity restrictions. Currently, the injured worker complained of persistent low back pain. Chiropractic sessions helped relieve the pain for about 6 hours but increased with any activity. The low back pain radiated to the buttock, right hip and right thigh. Standing and sitting aggravated his pain. Walking helped relieve the pain. He rated the pain 6-7 out of 10 on a pain scale from 0 to 10. The treatment plan that was requested for authorization on October 2, 2015, included prescriptions for Flurbiprofen, Baclofen, Dexamethasone, Panthenol compound cream #210 gm; and Amitriptyline, Gabapentin, Bupivacaine compound cream #210 gm. On September 8, 2015, a request for compound creams was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Baclofen 10% Dexamethasone 2% Panthenol 0.5% in cream base, apply a thin layer 2-3 times daily #210gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." Flurbiprofen (not recommended) MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Baclofen (not recommended) MTUS states that topical Baclofen is "Not recommended." This cream contains multiple substances that are not recommended by the MTUS. As such, the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in cream base, apply a thin layer 2-3 times per day is not medically necessary.

Amitriptyline 10% Gabapentin 10% Bupivacaine 5% in cream base, apply a thin layer 2-3 times daily #210gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." Amitriptyline MTUS and ODG do not specifically make a recommendation on topical Amitriptyline, but does cite (Lynch ME, Clark AJ, Sawynok J, Sullivan MJ Topical 2% amitriptyline and 1% ketamine in neuropathic pain syndromes: a randomized, double-blind, placebo-controlled trial. Anesthesiology 2005; 103: 140-6) and find that "This randomized, placebo-controlled trial examining topical 2% amitriptyline, 1% ketamine, and a combination in the treatment of neuropathic pain revealed no difference between groups." Gabapentin/Pregabalin (not recommended) MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." This cream contains multiple substances that are not recommended by the MTUS. As such, the request for Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, in cream base, apply a thin layer 2-3 times per day is not medically necessary.