

Case Number:	CM15-0194357		
Date Assigned:	10/08/2015	Date of Injury:	02/04/2013
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on 2-4-2013. The medical records indicate that the injured worker is undergoing treatment for cervical spine sprain-strain with facet arthropathy and multilevel disc bulges and thoracic spine sprain-strain. According to the progress report dated 7-9-2015, the injured worker presented with complaints of cervical spine pain. She does note moderate improvement in symptoms after cervical epidural steroid injection on 6-3-2015. On a subjective pain scale, she rates her current pain 3 out of 10. The physical examination dated 7-9-2015 states "no change" since last visit. The current medications are Tramadol and Naproxen. Previous diagnostic studies include x-rays, electrodiagnostic testing and MRI. Treatments to date include medication management, physical therapy, home exercise program, chiropractic, cervical epidural steroid injection, and radiofrequency ablation. Work status is described as modified duty. The original utilization review (9-3-2015) had non-certified a request for topical compound cream (Ketoprofen 10%, Gabapentin 10%, Lidocaine 5%, and Amitriptyline 5% in Active max base) and (Gabapentin 10%, Tramadol 10%, and Baclofen 2.5% in Lidoderm base).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10% Gabapentin 10% Lidocaine 5% Amitriptyline 5% in Activemax base 180mg: 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: The claimant sustained a work injury in February 2013 when she was leaning forward and as she lifted her head she felt a snap in her neck and developed immediate pain. Treatments have included physical therapy, medications, and multiple trigger point injections. Cervical radiofrequency ablation was done in December 2014. In February 2015, pain was rated at 8-9/10. She had limited cervical spine range of motion and was having severe muscle spasms. She was having difficulty sleeping. She was having moderate to severe headaches with blurred vision. Symptoms included upper extremity weakness, numbness, and tingling. Physical examination findings included increased trapezius muscle tone. There was cervical pain with palpation. There was tenderness with severe guarding. There was decreased cervical spine range of motion. There was limited upper extremity range of motion. Medications were prescribed. A cervical epidural injection was done on 06/03/15. When seen in August 2015, there had been improvement after the injection. A second injection was recommended. Physical examination findings appear unchanged. Topical medications were prescribed. In terms of this compounded medication, compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

Gabapentin 10% Tramadol 10% Baclofen 2.5% in Lidoderm base 180mg: 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: The claimant sustained a work injury in February 2013 when she was leaning forward and as she lifted her head she felt a snap in her neck and developed immediate pain. Treatments have included physical therapy, medications, and multiple trigger point injections. Cervical radiofrequency ablation was done in December 2014. In February 2015, pain was rated at 8-9/10. She had limited cervical spine range of motion and was having severe muscle spasms. She was having difficulty sleeping. She was having moderate to severe headaches with blurred vision. Symptoms included upper extremity weakness, numbness, and tingling. Physical examination findings included increased trapezius muscle tone. There was cervical pain with palpation. There was tenderness with severe guarding. There was decreased cervical spine range of motion. There was limited upper extremity range of motion. Medications were prescribed. A cervical epidural injection was done on 06/03/15. When seen in August 2015, there had been improvement after the injection. A second injection was recommended. Physical examination findings appear unchanged. Topical medications were prescribed. In terms of this compounded medication, baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested compounded medication is not considered medically necessary.