

Case Number:	CM15-0198947		
Date Assigned:	10/14/2015	Date of Injury:	01/14/2012
Decision Date:	12/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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: Emergency 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:

This is a 36 year old male who sustained an industrial injury on 1-14-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago. According to the Doctor's First Report of Occupational Injury or Illness dated 8-27-2015, the injured worker complained of intermittent pain. Objective findings (8-27-2015) revealed positive lumbar spine pain. Treatment to date was not documented in the 8-27-2015 progress report. The treatment rendered section of the report documented "CHIRO 2W-6W, MRI L-S, Medications to be requested separately." The original Utilization Review (UR) (9-16-2015) denied requests for Flurbiprofen-Capsaicin cream and Lidocaine-Gabapentin gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin (plain) 10%/0.025% cream 120 gm: 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: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." Compound 2: 1) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is unclear why this needs to be compounded since capsaicin is readily available over the counter or as a prescription. It is not recommended. Not a single component of this compounded substance is medically necessary. Therefore the request is not medically necessary.

Lidocaine/Gabapentin 5%/10% gel 60 gm: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. The only FDA approved topical Lidocaine is Lidoderm. Use of a non-FDA approved product is not recommended. Not recommended. 2) Gabapentin: Gabapentin is not FDA approved for topical application. There is no evidence to support the use of this topically. Not a single component of this compounded substance is FDA-approved or supported by evidence. This substance has unknown safety and efficacy. Therefore the request is not medically necessary.