

Case Number:	CM15-0199751		
Date Assigned:	10/14/2015	Date of Injury:	12/08/2014
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/12/2015

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 female who sustained an industrial injury on December 08, 2014. The worker is being treated for: lumbar sprain and strain, left knee strain and sprain, left ankle. Subjective (09/03/15) (08/19/15) (5/27/15) pain rating "2" with use of medication, dull low back pain with weakness. Pain rating "2" with medication dull left knee pain, stiffness, and heaviness; dull left ankle pain, stiffness and weakness, intermittent moderate low back pain with stiffness radiating into both legs with tingling. Medication: prescribed (09/03/15, (07/29/15), (05/27/15), (06/24/15) Protonix, Voltaren and two compound topical creams. (06/19/15) Janumet, Invokana, Lisinopril, and Aspirin. (03/12/15) two topical compound creams, Flexeril, Gabapentin, Protonix, and Naproxen. Treatment modalities include: physical therapy, left ankle surgery, medication both oral and topical, exercise, rest, and stretching. On September 04,2015 a request was made for Protonix 20mg #60, and two 240 GM compound topical creams that were noncertified by Utilization Review on September 14, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The claimant sustained a work injury in December 2014 when she slipped on water sustaining a left ankle fracture and low back injury. She underwent ORIF of a bimalleolar ankle fracture the next day. Her past medical history includes hypertension and non-insulin-dependent diabetes and she is also being treated for depression and stress. When seen, she was having low back and left knee and ankle pain. Pain was rated at 2/10. Physical examination findings included decreased lumbar spine range of motion and decreased left knee and ankle range of motion. There was bilateral sacroiliac joint and lumbar paravertebral muscle tenderness. Straight leg raising was positive. There were bilateral gluteal and lumbar paravertebral muscle spasms. There was anterior knee tenderness with positive McMurray's testing. There was anterior and lateral ankle tenderness. Voltaren, and Photonics were prescribed. Compounded topical creams were ordered. Prior medications had included naproxen. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Protonix (pantoprazole) is not considered medically necessary.

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine acid 0.2% in cream base 240 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: The claimant sustained a work injury in December 2014 when she slipped on water sustaining a left ankle fracture and low back injury. She underwent ORIF of a bimalleolar ankle fracture the next day. Her past medical history includes hypertension and non-insulin-dependent diabetes and she is also being treated for depression and stress. When seen, she was having low back and left knee and ankle pain. Pain was rated at 2/10. Physical examination findings included decreased lumbar spine range of motion and decreased left knee and ankle range of motion. There was bilateral sacroiliac joint and lumbar paravertebral muscle tenderness. Straight leg raising was positive. There were bilateral gluteal and lumbar paravertebral muscle spasms. There was anterior knee tenderness with positive McMurray's testing. There was anterior and lateral ankle tenderness. Voltaren, and Photonics were prescribed. Compounded topical creams were ordered. Prior medications had included naproxen. 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. 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 Dextromethorphan and amitriptyline. 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 considered medically necessary.

Flurbiprofen 20%, Baclofen 510, Dexamethasone 2%, Hyaluronic acid 0.2% in cream base 240 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: The claimant sustained a work injury in December 2014 when she slipped on water sustaining a left ankle fracture and low back injury. She underwent ORIF of a bimalleolar ankle fracture the next day. Her past medical history includes hypertension and non-insulin-dependent diabetes and she is also being treated for depression and stress. When seen, she was having low back and left knee and ankle pain. Pain was rated at 2/10. Physical examination findings included decreased lumbar spine range of motion and decreased left knee and ankle range of motion. There was bilateral sacroiliac joint and lumbar paravertebral muscle tenderness. Straight leg raising was positive. There were bilateral gluteal and lumbar paravertebral muscle spasms. There was anterior knee tenderness with positive McMurray's testing. There was anterior and lateral ankle tenderness. Voltaren, and Photonics were prescribed. Compounded topical creams were ordered. Prior medications had included naproxen. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Dexamethasone, another anti-inflammatory medication, is also a component which is duplicative. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. 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 that could be considered. This medication is not considered medically necessary.