

Case Number:	CM15-0200440		
Date Assigned:	10/15/2015	Date of Injury:	05/13/2013
Decision Date:	11/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/13/2015

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:

The injured worker is a 35 year old female, who sustained an industrial injury on 5-13-2013. The injured worker is undergoing treatment for reflex sympathetic dystrophy of the upper limb. Medical records dated 9-29-2015 indicate the injured worker complains of right elbow and wrist pain. Pain is rated 8 out of 10 decreased from 10 out of 10 at worst last visit. Physical exam dated 9-29-2015 notes decreased upper right extremity strength, decreased range of motion (ROM), tremors, decreased sensation to pinprick, Treatment to date has included Gabapentin, Tramadol HCL, Methocarbamol, Oxycodone HCL, Medrol pak, right wrist and elbow surgery, physical therapy, paraffin wax therapy, The original utilization review dated 10-12-2015 indicates the request for CMPD Flurbiprofen 10%, Amitriptyline 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% LAM , apply up to 2-4 gm, 3 to 4 times daily #480 gm for 30 day supply, refills # 2 and CMPD Lidocaine 2%, Prilocaine 2%, Topiramate 2.5%, Meloxicam .09% topical cream apply 2 to 4 gms three to four times daily #480 gms for 30 day supply, refills #2 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD Flurbiprofen 10%, Amitriptyline 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% LAM , Apply up to 2-4 gm, 3 to 4 times daily #480 gm for 30 day supply, Refills # 2: 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) Flurbiprofen: Topical NSAIDs are 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) Amitriptyline: As per MTUS guideline, there is no evidence to support the use of a topical antidepressant. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. 3) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 4) 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. Only Lidoderm is FDA approved. Patient has no neuropathic related pathology. Not recommended. 5) Prilocaine: Only topical lidocaine is approved for neuropathic pain. Prilocaine is only approved for injection for local or regional anesthesia. Not a single component is recommended. This topical product was requested alongside another that also contains lidocaine and prilocaine leading to a risk of toxicity along with 2 different NSAIDs. This compounded product is not FDA approved, has multiple unapproved uses of multiple prescription medications, has a risk of toxicity and has no known evidence to support safety or efficacy. It is not medically necessary.

CMPD Lidocaine 2%, Prilocaine 2%, Topiramate 2.5%, Meloxicam .09% Topical cream apply 2 to 4 gms three to four times daily #480 gms for 30 days supply, Refills #2: 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. Only Lidoderm is FDA approved. Patient has no neuropathic related pathology. Not recommended. 2) Prilocaine: Only topical lidocaine is

approved for neuropathic pain. Prilocaine is only approved for injection for local or regional anesthesia. 3) Topiramate: Topiramate is an antiepileptic drug. It is not FDA approved for topical use. There is no evidence to support topical use. Not medically recommended. 4) Meloxicam: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Meloxicam 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. Meloxicam is not medically necessary. Not a single component is recommended. This topical product was requested alongside another that also contains lidocaine and prilocaine leading to a risk of toxicity along with 2 different NSAIDs. This compounded product is not FDA approved, has multiple unapproved uses of multiple prescription medications, has a risk of toxicity and has no known evidence to support safety or efficacy. It is not medically necessary.