

Case Number:	CM15-0200965		
Date Assigned:	10/16/2015	Date of Injury:	12/22/2014
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female, who sustained an industrial injury on 12-22-2014. The injured worker is currently not working as of 07-01-2015. Medical records indicated that the injured worker is undergoing treatment for lumbar stenosis with neurogenic claudication and lumbar disc displacement. Treatment and diagnostics to date has included lumbar spine MRI, lumbar injections, physical therapy, urine drug screen, use of brace, and medications. Recent medications have included Norco, Soma, and Eszopiclone. Subjective data (07-10-2015 and 09-04-2015), included back pain with radiation. Objective findings (09-04-2015) included diffuse tenderness on palpation of mid lumbar spine. The request for authorization dated 09-03-2015 requested Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol 0.5% in cream base, apply a thin layer 2-3 times daily #210gm and Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in cream base, apply a thin layer 2-3 times daily #210gm. The Utilization Review with a decision date of 09-14-2015 non-certified the request for topical compounds Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol 0.5% in cream base and Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.2% in cream base: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Topical compound: Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.