

Case Number:	CM15-0203601		
Date Assigned:	10/20/2015	Date of Injury:	08/02/2010
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 64-year-old female who sustained an industrial injury on 8-2-2010 and has been treated for lumbar disc disorder with radiculitis to bilateral legs, thoracic signs and symptoms, sleep disorder, and depressive disorder. On 8-18-2015 the injured worker reported constant, severe low back pain characterized as burning, tingling and radiating. It is noted that pain is increased with walking, standing, sitting, and rapid movements. Upper back pain was described as burning and tingling and increased with walking, standing, and rapid movement. Objective findings were illegible. Documented treatment includes pool therapy, and the progress note 8-18-2015 states "discussed stretches-exercises." Other previous treatment is not provided in the note, but a previous note indicates she has been treated with NSAIDs. The treating physician's plan of care includes anti-inflammatory and pain compound cream: Dextromethorphan 10 percent-Gabapentin 10 percent-Bupivacaine 5 percent-menthol 2 percent-camphor 2 percent hyaluronic acid 0.2 percent, which was denied on 9-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Menthol 2%, Camphor 2%, Hyaluronic acid 0.2% in cream base 180gm apply 2-3gm BID-TID 30 day supply: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, dextromethorphan 10%, gabapentin 10%, Bupivacaine 5%, menthol 2%, camphor 2%, hyaluronic acid 0.2%, in cream base 180g, apply 2 to 3g BID to TID, 30 day supply is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, so the injured worker's working diagnoses are lumbar disc with radiculitis bilateral legs; thoracic sprain strain rule out disc; hypertension; sleep disorder; depressive disorder. Date of injury is August 2, 2010. Request for authorization is August 18, 2015. According to an August 18, 2015 progress note, the subject of section states "patient requests meds." There are no subjective symptoms documented in the record. Objectively, there is no physical examination. The treatment plan states refill transdermal medications. Gabapentin topical is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, dextromethorphan 10%, gabapentin 10%, Bupivacaine 5%, menthol 2%, camphor 2%, hyaluronic acid 0.2%, in cream base 180g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, dextromethorphan 10%, gabapentin 10%, Bupivacaine 5%, menthol 2%, camphor 2%, hyaluronic acid 0.2%, in cream base 180g, apply 2 to 3g BID to TID, 30 day supply is not medically necessary.