

Case Number:	CM15-0204145		
Date Assigned:	10/20/2015	Date of Injury:	10/23/1998
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
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
 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 39 year old female with an industrial injury date of 10-23-1998. Medical record review indicates she is being treated for compression fracture of the lumbar spine, kyphoplasty at lumbar 1, fusion thoracic 11 - lumbar 3 and chronic pain syndrome. Subjective complaints (09-18-2015) included lower back pain. The treating physician indicated that the injured workers chronic pain was controlled by the use of medications and there had been no changes since her last exam. Objective findings (09-18-2015) revealed forward flexion of about 15 degree of lumbar spine with extension about 5 degree. Muscle tenderness in the paraspinal musculature and guarding with palpation was noted. Multiple areas of noted fasciculation were noted with palpation as well. Tenderness was noted in the lumbosacral region. Current medications (09-18-2015) included Norco, Meloxicam, Omeprazole and Terocin pain patches. She also used transdermal creams. "This coupled with the oral medications seems to tremendously reduce pain enough by 50% as a whole." Her pain score was documented as being reduced from 9.5 out of 10 to 4 out of 10 with medications. Prior medications included Amitriptyline (for sleep), Gabapentin, Cymbalta, Cyclobenzaprine, Hydrocodone and Fenoprofen. The treating physician documented the injured worker complied with drug screening program and is taking the medication consistently "with what I have been prescribing her at this point." On 09-17-2015 the following requests were non-certified by utilization review: Compound medication-Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in cream base 210 gm-Compound medication-Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base 210 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication - Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in cream base 210gm: 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: The requested Compound medication -Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in cream base 210gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has lower back pain. The treating physician indicated that the injured workers chronic pain was controlled by the use of medications and there had been no changes since her last exam. Objective findings (09-18-2015) revealed forward flexion of about 15 degree of lumbar spine with extension about 5 degree. Muscle tenderness in the paraspinal musculature and guarding with palpation was noted. Multiple areas of noted fasciculation were noted with palpation as well. Tenderness was noted in the lumbosacral region. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound medication Flurbiprofen 20%, Baclofen 10%,Dexamethasone 2%, Panthenol 0.5% in cream base 210gm is not medically necessary.

Compound medication -Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base 210gm: 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: The requested Compound medication -Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base 210gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has lower back pain.

The treating physician indicated that the injured workers chronic pain was controlled by the use of medications and there had been no changes since her last exam. Objective findings (09-18-2015) revealed forward flexion of about 15 degree of lumbar spine with extension about 5 degree. Muscle tenderness in the paraspinal musculature and guarding with palpation was noted. Multiple areas of noted fasciculation were noted with palpation as well. Tenderness was noted in the lumbosacral region. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Compound medication-Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base 210gm is not medically necessary.