

Case Number:	CM15-0207416		
Date Assigned:	10/26/2015	Date of Injury:	07/04/2011
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/21/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 39 year old male, who sustained an industrial injury on July 04, 2011. The injured worker was diagnosed as having sacroiliitis of the bilateral sacroiliac joints, lumbar sprain and strain, lumbar paraspinal muscle spasms, lumbar radiculitis and radiculopathy of the lower extremities, and chronic pain. Treatment and diagnostic studies to date has included bilateral sacroiliac joint injection, use of transcutaneous electrical nerve stimulation unit, and medication regimen. In a progress note dated September 23, 2015 the treating physician reports complaints of pain to the bilateral buttocks that radiates to the thighs with numbness and tingling. Examination performed on September 23, 2015 was revealing for difficulty with heel toe walk secondary to bilateral hip pain, tenderness to the bilateral lumbar paravertebral muscles, "severe" myofascial pain with palpation to the lumbar paraspinal muscles, pain to the spinous processes with guarding, decreased range of motion to the lumbar spine, pain with palpation to the bilateral sacroiliac joints to the bilateral thighs, positive straight leg raises bilaterally, decreased strength to the muscles of the bilateral lower extremities, and muscle spasms with squatting. The progress note from September 23, 2015 noted a 50% "improvement" post the first bilateral sacroiliac joint injection with "improvement" noted to weakness, tingling, and numbness to the lower extremities. The progress note from September 23, 2015 did not include a medication regimen or the injured worker's numeric pain level as rated on a visual analog scale, but noted that the injured worker was "off narcotics and on a detoxification program." The progress note from August 19, 2015 also did not include a medication regimen or the injured worker's numeric pain level as rated on a visual analog scale, but did included the requests for

the medications of Norco, Ambien, and the compound creams of Flurbiprofen 25%, Dextromethorphan 10% in Lipoderm Base of 180gm and Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in Lipoderm Base of 180gm noting a decrease in the level of pain, "better" range of motion, and "better" daily activity with the use of the listed compounded creams, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of the compounded creams and after use of the compounded creams to indicate the effects with the use of the compounded creams. On September 23, 2015 the treating physician requested Flurbiprofen 25%, Dextromethorphan 10% in Lipoderm Base of 180gm and Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in Lipoderm Base of 180gm for pain noting that the creams were prescribed secondary to topical pain to multiple regions and will allow the injured worker to decrease the oral intake of pain medication. On the Utilization Review determined the requests for Flurbiprofen 25%, Dextromethorphan 10% in Lipoderm Base of 180gm and Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in Lipoderm Base of 180gm to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Dextromethorphan 10% in Lipoderm Base 180gm: 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: Per MTUS with regard to Flurbiprofen (p112), "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The injured worker does not have osteoarthritis or tendinitis. Flurbiprofen is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of dextromethorphan. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since dextromethorphan and gabapentin are not medically indicated, then the overall product is not indicated per MTUS as outlined below. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the

analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As topical flurbiprofen and dextromethorphan are not indicated, the request is not medically necessary.

Gabapentin 10% Ketoprofen 10% Tramadol 5% Cyclobenzaprine 2% in Lipoderm 180gm: 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: Per MTUS p113 with regard to topical cyclobenzaprine, "There is no evidence for use of any muscle relaxant as a topical product." Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." The MTUS is silent on the use of tramadol topically. However, note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. With regard to topical Ketoprofen, the MTUS CPMTG states "This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006)" Regarding the use of multiple medications, MTUS p60 states Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. As none of the agents in the requested compound are recommended, the request is not medically necessary.