

Case Number:	CM15-0212814		
Date Assigned:	11/02/2015	Date of Injury:	12/19/2008
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/29/2015

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: Montana, Oregon, Idaho
 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 54 year old male, who sustained an industrial injury on 12-19-08. The injured worker was being treated for history of spinal fusion C4-5 with anterior cervical discectomy secondary to acute massive herniation, degenerative disease with congenitally fused C3-4 and degeneration of spinal stenosis C4-5 and C5-6 which was originally fused. On 9-9-15 and 10-7-15, the injured worker complains of continued cervical spine pain rated 4-5 out of 10 with medications and 8 out of 10 without medications and he is more functional with medications. Physical exam performed on 9-9-15 and 10-7-15 revealed limited range of motion of cervical spine with very guarded and tender muscles to palpation, multiple trigger points and anterior fusion scar in cervical spine; also multiple trigger points of discomfort along the trapezial musculature in levator scapulae at insertion of the occipital muscles at base of skull is very tender to palpation. Treatment to date has included oral medications including Percocet, Diclofenac, Omeprazole and Gabapentin; topical creams one with Flurbiprofen, one with Cyclobenzaprine and one with Gabapentin. The treatment plan included refilling all medications with the exception of Percocet. On 10-15-15 request for Flurbiprofen 205, Baclofen 10% Dexamethasone 2%, Panthenol 0.5% in cream base 210g and Amitriptyline 10% Gabapentin 10%, Bupivacaine 5%, in cream base 210g was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 205, Baclofen 10% Dexamethasone 2%, Panthenol 0.5% in cream base 210g: 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 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." The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary. Diclofenac is the only FDA approved topical NSAID. Other NSAIDs have a high rate of photosensitive reactions and are not recommended. In this case the requested compound contains flurbiprofen. It is a topical NSAID which is not recommended by the guidelines, therefore the request is not medically necessary.

Amitriptyline 10% Gabapentin 10%, Bupivacaine 5%, in cream base 210g: 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): Antiepilepsy drugs (AEDs), 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." Gabapentin is not recommended for topical use. In this case the requested topical compound contains gabapentin, which is not recommended by the guidelines. The request is therefore not medically necessary.