

Case Number:	CM15-0218073		
Date Assigned:	11/09/2015	Date of Injury:	10/14/2002
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old male, who sustained an industrial injury on 10-14-2002. The injured worker is undergoing treatment for: low back pain. On 5-1-15, the provider noted the injured worker had last been evaluated on 11-5-10. He reported low back pain with radiation into the left buttock and leg. On 6-26-15, he reported radiating pain into the help. On 8-6-15, no subjective complaints are documented. Objective findings revealed tenderness in the lumbosacral spine, superior iliac crest and greater trochanter on the right, decreased lumbar spine range of motion, normal gait, and full motor strength. The provider noted the injured worker to have not been tolerating oral medications. The treatment and diagnostic testing to date has included: medications, QME (12-10-04), MRI of the lumbar spine and left hip (date unclear), lumbar surgery (date unclear), left hip replacement (date unclear), home exercise program. Current work status: noted to be deferred to primary treating physician. The request for authorization is for: Flurbiprofen 20 percent-lidocaine 5 percent 150 grams; gabapentin 10 percent-Amitriptyline 5 percent-capsaicin 0.025 percent 150 grams; cyclobenzaprine 10 percent-lidocaine 2 percent 150 grams. The UR dated 10-23-15: non-certified the request for Flurbiprofen 20 percent-lidocaine 5 percent 150 grams; gabapentin 10 percent-Amitriptyline 5 percent-capsaicin 0.025 percent 150 grams; cyclobenzaprine 10 percent-lidocaine 2 percent 150 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5% 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in October 2002 when he had low back discomfort while stocking motor blocks weighing approximately 50 pounds. He had increasing pain with symptoms radiating into the left lower extremity. He had laser spine surgery in 2004 and underwent an L5/S1 anterior lumbar fusion in August 2007. An MRI of the lumbar spine in October 2009 included findings of a left L4/5 foraminal disc protrusion without stenosis or neural compromise and expected postoperative findings. When seen by the requesting provider, physical examination findings included focal lumbar tenderness at L4/5 and L5/S1. There was superior iliac crest and right greater trochanteric tenderness. He had decreased lumbar spine range of motion. There was a normal neurological examination. A back strengthening and exercise program was encouraged. The assessment references avoidance of oral medications. Topical compounded creams were provided. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. If a topical NSAID was being considered, a trial of generic topical Diclofenac would be indicated before consideration of an alternative medication. This medication is not considered medically necessary.

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in October 2002 when he had low back discomfort while stocking motor blocks weighing approximately 50 pounds. He had increasing pain with symptoms radiating into the left lower extremity. He had laser spine surgery in 2004 and underwent an L5/S1 anterior lumbar fusion in August 2007. An MRI of the lumbar spine in October 2009 included findings of a left L4/5 foraminal disc protrusion without stenosis or neural compromise and expected postoperative findings. When seen by the requesting provider, physical examination findings included focal lumbar tenderness at L4/5 and L5/S1. There was superior iliac crest and right greater trochanteric tenderness. He had decreased lumbar spine range of motion. There was a normal neurological examination. A back strengthening and exercise program was encouraged. The assessment references avoidance of oral medications. Topical compounded creams were provided. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is

not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including Amitriptyline. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.

Cyclobenzaprine 10%, Lidocaine 2% 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in October 2002 when he had low back discomfort while stocking motor blocks weighing approximately 50 pounds. He had increasing pain with symptoms radiating into the left lower extremity. He had laser spine surgery in 2004 and underwent an L5/S1 anterior lumbar fusion in August 2007. An MRI of the lumbar spine in October 2009 included findings of a left L4/5 foraminal disc protrusion without stenosis or neural compromise and expected postoperative findings. When seen by the requesting provider, physical examination findings included focal lumbar tenderness at L4/5 and L5/S1. There was superior iliac crest and right greater trochanteric tenderness. He had decreased lumbar spine range of motion. There was a normal neurological examination. A back strengthening and exercise program was encouraged. The assessment references avoidance of oral medications. Topical compounded creams were provided. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.