

Case Number:	CM15-0219861		
Date Assigned:	11/12/2015	Date of Injury:	08/10/2015
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 57-year-old male, with a reported date of injury of 08-10-2015. The diagnoses include lumbosacral spondylosis without myelopathy or radiculopathy, cervical spine sprain, thoracic spine sprain, anxiety disorder, and temporomandibular joint disorder. The medical reports dated 10-02-2015 and 10-05-2015 indicates that the injured worker complained of constant moderate pain in the cervical spine, which radiated to this head, upper back, and both shoulders. The pain was associated with numbness extending into this left upper extremity. He also complained of constant thoracic spine pain; constant lumbar spine pain, associated with pain and numbness, which radiated down the buttocks and legs, stopping above the knee; constant face pain; and sensitivity to hot and cold in the mouth and teeth. An examination of the cervical spine showed spasm and tenderness to the bilateral paraspinal muscles from C2-C7, bilateral suboccipital muscles, and bilateral upper shoulder muscles; decreased range of motion; pain with flexion; positive bilateral distraction test; and positive bilateral shoulder depression test. An examination of the thoracic spine showed spasms and tenderness to the bilateral paraspinal muscles from T8 to T12; and decreased range of motion with pain with flexion. An examination of the lumbar spine showed spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus; decreased range of motion; positive bilateral Kemp's test; positive right straight leg raise; positive bilateral Yeoman's; and degenerative Braggard's. It was noted that the injured worker was declared temporarily totally disabled. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included physical therapy. The request for authorization was dated 10-05-2015. The treating physician requested Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol

0.5% in salt stable LS base 240 grams and Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in salt stable LS base 240 grams. On 10-21-2015, Utilization Review (UR) non-certified the request for Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol 0.5% in salt stable LS base 240 grams and Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in salt stable LS base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in salt stable LS base 240 gm QTY 2.00: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use for back pain. Therefore, the request is not medically necessary.

Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in salt stable LS base 240 gm QTY 2.00: 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use for back pain. Therefore, the request is not medically necessary.