MAXIMUS Federal Services

Case Number:	CM15-0219863		
Date Assigned:	11/12/2015	Date of Injury:	03/28/2014
Decision Date:	12/29/2015	UR Denial Date:	10/19/2015
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: California, 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 54 year old male, who sustained an industrial injury on 3-28-2014. The medical records indicate that the injured worker is undergoing treatment for L5-S1 spondylolisthesis with severe bilateral foraminal stenosis, catastrophic hardware failure of L5-S1 with loss of reduction and pseudoarthrosis, and status post revision of L5-S1 posterior fusion with laminectomy and gill body resection. According to the progress report dated 8-7-2015, the injured worker presented with complaints of numbness in the right leg, as well as pain in the anterior hip on the right side. The physical examination reveals areas of hypoesthesias in the L5-S1 distribution. There is tenderness along the anterior superior iliac crest and anterior hip. The current medications are not specified. Previous diagnostic studies include x-rays. Treatments to date include medication management and lumbar epidural steroid injection (excellent improvement of radiculopathy). Work status is described as off work. The original utilization review (10-19-2015) had non-certified a request for: 1) Flurbiprofen 20%, Lidocaine 5%; 2) Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025%, and 3) Cyclobenzaprine 10%, Lidocaine 2%.

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: 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 request is for Flurbiprofen/Lidocaine topical cream. CA MTUS Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only recommended in the form of a Lidoderm patch, and any other formulation in creams, gels or lotions is not approved. Flurbiprofen is only recommended when oral NSAIDs have failed or are not tolerated, which is not the case in this request. Therefore the request is not medically necessary or appropriate.

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% 150gm: 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 request is for Gabapentin/Amitriptyline/Capsaicin topical cream. CA MTUS Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and Amitriptyline are specifically not recommended for topical use. Capsaicin is only recommended after all other agents have failed, and there is no evidence of this failure. Therefore the request is not medically necessary or appropriate.

Cyclobenzaprine 10%, Lidocaine 2% 150gm: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The request is for Cyclobenzaprine/Lidocaine topical cream. CA MTUS Guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is specifically not recommended for topical use. Lidocaine is only approved in the form of a Lidoderm patch, and is not recommended in the form of any creams, lotions or gels. Therefore the request is not medically necessary or appropriate.