

Case Number:	CM15-0222310		
Date Assigned:	11/17/2015	Date of Injury:	06/19/2013
Decision Date:	12/30/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/11/2015

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

Certification(s)/Specialty: Emergency Medicine

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 41 year old male who sustained an industrial injury on June 19, 2013. The worker is being treated for: low back pain, lumbar disc herniation with left L5 radiculopathy. Subjective: July 29, 2015 he reported low back pain. October 02, 2015 he reported complaint of low back pain radiating into the left leg. He also had complaint of stomach burning, numbness, depression. Objective: July 29, 2015 noted lumbar spine with positive SLR with noted weakness and resistance to dorsiflexion of left foot. October 02, 2015 noted the lumbar spine with tenderness to palpation over the paraspinal musculature and tenderness to palpation over the spinous processes. Diagnostic: lumbar MRI. Medication: October 2015: Meloxicam and prescribed Ultram, and Omeprazole; also noted prescribed two topical compound creams. Treatment: anti-inflammatories, PT session, epidural injection, October 2015 POC recommending surgery lumbar; 2014 acupuncture session. On October 19, 2015 a request was made for two compound topical creams consisting of: Flurbiprofen 20%, Baclofen 10%, and Dexamethasone 2% in LS base 240GM and Gabapentin 10%, Flexeril 2%, Amitriptyline 10% LS base 240GM that were both noncertified by Utilization Review on October 23, 2015.

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% in salt stable LS Base (240 grams):
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: As per MTUS guidelines: any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Baclofen is not FDA approved for topical use. It is not recommended. There is no evidence for efficacy as a topical product. 3) Dexamethasone: Not recommended. Dexamethasone is a steroid. There is no information available in MTUS Chronic pain or ACOEM guidelines concerning topical use of steroids for musculoskeletal pains. Review of Official Disability Guide and ACOEM guidelines only mention use of systemic and injectable steroid. There is a significant risk of systemic absorption and side effects. This non-evidence based compounded product is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 2%, Amitriptyline 10% in salt stable LS base (240 grams): 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: As per MTUS guidelines: any compound product that contains a drug or drug class that is not recommended is not recommended. 1) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 2) Cyclobenzaprine: Not FDA approved for topical application. No evidence to support topical use. Not medically necessary. 3) Amitriptyline: As per MTUS guideline, there is no evidence to support the use of a topical antidepressant. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. This non-evidence based compounded product is not medically necessary.