

Case Number:	CM15-0222505		
Date Assigned:	11/18/2015	Date of Injury:	07/03/2013
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/12/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 45-year-old female, with a reported date of injury of 07-03-2013. The diagnoses include left lumbar radiculopathy with L5-S1 disc herniation. The progress report dated 10-19-2015 indicates that the injured worker complained of constant lumbar spine pain, rated 6 out of 10. The objective findings include lumbar spine flexion at 35 degrees, lumbar spine extension at 25 degrees, decreased motor, and decreased sensation in the left lower extremity. The injured worker's work status was noted as permanent and stationary. The neurosurgical evaluation report dated 08-04-2015 indicates that the injured worker continued with therapy and showed some improvement. She presented for follow-up regarding her lumbar spine. The physical examination showed a slight limp toward the left leg; limited truncal range of motion in extension; diminished sensation to light touch in the right L5-S1 distribution; and trace and symmetric reflexes. It was noted that the injured worker was off work. The diagnostic studies to date have included a urine drug screen on 10-19-2015 with negative findings; a urine drug screen on 09-21-2015 which was positive for Gabapentin (inconsistent); an MRI of the lumbar spine on 07-06-2015 which showed broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing at L4-5, and posterior annular tear within the intervertebral disc and broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing at L5-S1; a urine drug screen on 06-29-2015 with negative findings; and a urine drug screen on 05-04-2015 with negative findings. Treatments and evaluation to date have included physical therapy, acupuncture, functional capacity evaluation on

09-04-2015, Neurontin, and Menthoderm cream. The treating physician requested Gabapentin-Amitriptyline-Dextromethorphan 180 grams, Cyclobenzaprine-Flurbiprofen 180 grams, and Avalin patches #15. On 11-03-2015, Utilization Review (UR) non-certified the request for Gabapentin-Amitriptyline-Dextromethorphan 180 grams, Cyclobenzaprine-Flurbiprofen 180 grams, and Avalin patches #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Amitriptyline/Dextromethorphan 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." As such, the request for Gabapentin/Amitriptyline/ Dextromethorphan 180g is not medically necessary.

Cyclobenzaprine/Flurbiprofen 180g: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Cyclobenzaprine/Flurbiprofen 180g is not medically necessary.

Avalin Patches #15: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Avalin Patches #15 is not medically necessary.