

Case Number:	CM15-0037167		
Date Assigned:	03/05/2015	Date of Injury:	04/01/2014
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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: Preventive Medicine, Occupational 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 22 year old female who sustained an industrial injury on 4/1/14. The injured worker reported symptoms in the back and lower extremities. The diagnoses included sprain/strain lumbar spine with underlying herniated nucleus pulposus, morbid obesity, depression and hypertension. Treatments to date include physiotherapy treatments, chiropractic treatments, and home exercise program. In a progress note dated 1/2/15 the treating provider reports the injured worker was with "low back pain radiating to the left lower extremity. Left thigh pain, associated with numbness throbbing sensation in the left lower extremity."

IMR ISSUES, DECISIONS AND RATIONALES

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

NPCI 210 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 111-113.

Decision rationale: The medical reports indicate that this request is for a compounded topical analgesic containing gabapentin, bupivacaine and amitriptyline. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines and ODG do not address the use of topical bupivacaine . Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for NPCI 210 grams is determined to not be medically necessary.

MPCI 210grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 111-113.

Decision rationale: The medical reports indicate that this request is for a compounded topical analgesic containing flurbiprofen, baclofen and dexamethasone. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. Topical corticosteroids are not addressed by the MTUS Guidelines or ODG. The use of oral corticosteroids for the use of chronic pain is not recommended by the ODG except for polymyalgia reumatic (PMR). Medical necessity of this request has not been established by the requesting provider. The request for MPCI 210 grams is determined to not be medically necessary.