MAXIMUS Federal Services

Case Number:	CM15-0040614		
Date Assigned:	04/10/2015	Date of Injury:	04/13/2009
Decision Date:	05/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on April 13, 2009. The injured worker had reported neck, back, left hand and right knee pain. The diagnoses have included brachial neuritis of radiculitis, cervical disc disease, cervical spine degeneration, pain in joint shoulder region, lumbosacral intervertebral disc degeneration, sacroilitis, myalgia and myositis and osteoarthritis of the knee. Treatment to date has included medications, radiological studies, bilateral cervical radiofrequency ablation, lumbar epidural steroid injections, a sleep study and right knee surgery. Current documentation dated January 7, 2015 notes that the injured worker reported neck, low back and bilateral knee pain. Physical examination of the cervical spine revealed tenderness to palpation of the bilateral paravertebral muscles and upper trapezius muscles, spasms and a decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation, spasms of the paravertebral muscles and a decreased range of motion. A straight leg raise test caused pain. Examination of the bilateral knees revealed tenderness to palpation, muscle spasms of the anterior and posterior knee and decreased flexion. The treating physician's plan of care included a request for the medications Pantoprazole Sodium 20 mg #60, Alprazolam 1mg #60. The treatment plan from 11/05/2014 included a compounded topical: Gabapentin 10% 3grams, Amitriptyline 10% 3 grams, Bupivacain 5 % 1.5 grams and compounded topical: Flurbiprofen 20% 6 grams, Baclofen 5% 1.5mg, Dexamethosone 2 % 0.6 grams, Menthol 2% 0.6 grams, Camphor 2% 0.6 grams, and Capsaicin 0.025% 0.01 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole Sodium 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients who are at intermediate or high risk of gastrointestinal events such as patients who are over the age of 65 years, patients with a history of peptic ulcer, GI bleed or perforation, patients taking ASA, corticosteroids, and/or anticoagulants, patients taking high does multiple NSAIDs. There was a lack of documentation provided indicating the patient was at increased risk for gastrointestinal events. Additionally, there is a lack of evidence within the documentation that the patient had complaints of GI upset that would benefit from the use of the medication. Furthermore, there was a lack of documentation provided demonstrating therapeutic benefit with use of the medication. Therefore, the request for pantoprazole sodium 20 mg #60 is not medically necessary.

Alprazolam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines state that benzodiazepines are not currently recommended for long-term use, because long term efficacy is unproven and there is a high risk of dependence, (limit use to 4 weeks). It remains unclear how long the patient has been prescribed this medication, and there was a lack of documentation provided demonstrating the therapeutic benefit for use of the medication. Therefore, the request for alprazolam 1 mg #60 is not medically necessary.

Gabapentin powder 3gm; Amitriptyline powder 3gm; Bupivacain 1.5gm, DOS: 11/5/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Bupivacaine Page(s): 111-112, 55. Decision based on Non-MTUS Citation Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue to state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, the entire product is therefore not recommended. The guidelines continue by stating that gabapentin is not currently recommended as a topical medication, as there is no peer reviewed literature to support its use. Per Skolnick, P. (1999), "while local peripheral administration of antidepressants have been demonstrated to produce analgesic; the number of actions; the actions of analgesic by topical antidepressants following either systemic of local administration, it remains to be determined." The California MTUS Guidelines state that bupivacaine has been recommended an alternative to Klonopin. However, a search of the FDA website indicates that there is no FDA approved topical application of bupivacaine. Bupivacaine is currently only approved for injection. This compounded topical medication contains nonapproved forms of topical medication. Therefore, the request for gabapentin powder 3 gm, amitriptyline powder 3 gm, bupivacaine 1.5 gm, DOS: 11/5/14 is not medically necessary.

Mediderm cream base 22.50gm; Flurbiprofen powder 6gm; Baclofen 1.5mg; Dexamethosone 0.6gm; Menthol 0.6gm, DOS: 11/5/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation www.drugs.com/search.php?searchterm=dexamethasone&a=1.

Decision rationale: The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue to state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, then the entire product is not recommended. The guidelines continue to state that topical non-steroidal anti-inflammatory agents may be recommended for treatment of osteoarthritis and tendinitis, in particular, that of the knee, elbow, or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). The guidelines continue to state that baclofen is not currently recommended in topical form, as there is no peer reviewed literature to support its use. Per drugs.com website, Dexamethosone is a corticosteroid that prevents the release of substances in the body that cause inflammation. Dexamethosone may be indicated to treat different inflammatory conditions such as allergic disorder, skin conditions, ulcerative colitis, arthritis, lupus, psoriasis, or breathing disorders. This requested compounded medication includes formulations of medications that are not currently recommended for topical use. Additionally, there is a lack of evidence the patient had tried and failed trials of antidepressants and anticonvulsants prior to the use of topical medication. Therefore, the request for mediderm cream base 22.50 gm, flurbiprofen powder 6 gm, baclofen 1.5 mg, dexamethosone 0.6 gm, menthol 0.6 gm, DOS: 11/5/14, is not medically necessary.

Camphor 0.6gm; Capsaicin 0.01gm; Mediderm cream base 20.69gm, DOS: 11/5/14: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines continue by stating that any compounded product that contains at least 1 drug (or drug class) that is not recommended, the entire product is not recommended. Furthermore, the guidelines state that capsaicin may be recommended as an option for patients who have not responded, or are intolerant, to other treatments. There was a lack of evidence provided within the documentation the patient had tried and failed antidepressants and anticonvulsants prior to consideration of topical analgesics. Additionally, there is a lack of evidence the patient has been unresponsive or intolerant to other available treatments to support the use of capsaicin. Therefore, the request for camphor 0.6 gm, capsaicin 0.01 gm, mediderm cream base 20.69 gm, DOS: 11/5/14, is not medically necessary.