

Case Number:	CM15-0041007		
Date Assigned:	03/11/2015	Date of Injury:	05/28/2008
Decision Date:	04/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 5/28/2008. The diagnoses have included sacroiliitis, lumbosacral spondylosis without myelopathy and greater trochanteric bursitis of the left hip. Treatment to date has included a medial branch block, epidural steroid injection (ESI) (12/29/2014) and medications. According to the progress report dated 2/16/2015, the injured worker had very good response from the epidural injections, with 80% pain relief. He complained of pain in the left buttock area and the left hip. The injured worker rated his pain as 7/10. Physical exam revealed left sided pain with palpation of the sacroiliac (SI) joint area. Anterior lumbar flexion caused pain. The treatment plan was to start Celebrex and a compounding cream to help his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Flurbiprofen 10%, Lidocaine 5%, Amitriptyline 2%, Hyaluronic acid 0.2% topical cream 240gm; 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound cream containing Gabapentin 10%, Flurbiprofen 10%, lidocaine 5%, amitriptyline 2%, hyaluronic acid 0.2% topical cream #240 g with two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. Lidocaine is not recommended. In this case, the injured worker's working diagnoses are sacroiliitis; lumbosacral spondylosis without myelopathy; and greater trochanteric bursitis of the left hip. Documentation from a January 19, 2015 progress note states topical cream was to be prescribed to reduce the analgesic requirement. The documentation from the January 19, 2015 progress note shows Lipitor as the only listed medication. There are no opiates or nonsteroidal anti-inflammatory drugs listed in the record. A February 2015 progress note states the treating physician will be starting Celebrex. Additionally, the specific anatomical region for application is not noted in the record. Any compounded product that contains at least one drug (topical gabapentin, topical lidocaine and topical Flurbiprofen) that is not recommended is not recommended. Consequently, compound cream containing Gabapentin 10%, Flurbiprofen 10%, lidocaine 5%, Amitriptyline 2%, hyaluronic acid 0.2% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, compound cream containing Gabapentin 10%, Flurbiprofen 10%, lidocaine 5%, amitriptyline 2%, hyaluronic acid 0.2% #240 g with two refills is not medically necessary.