

Case Number:	CM15-0041554		
Date Assigned:	03/11/2015	Date of Injury:	10/16/2013
Decision Date:	04/23/2015	UR Denial Date:	02/09/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

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 43-year-old female, who sustained an industrial injury on October 16, 2013. She reported cumulative trauma during which she developed pain and discomfort in her neck, lower back, hands wrists and right elbow. The injured worker was diagnosed as having lumbago, cervicalgia, insomnia and derangement of the hands/wrists. Treatment to date has included aqua therapy, physical therapy, durable medical equipment, medications, MRI of the cervical spine and of the lumbar spine, right shoulder, right wrist, and EMG / NCV of the right lower extremity. Currently on 2/2/15, the injured worker complains of frequent moderate dull neck pain, constant moderate sharp low back pain, constant moderate achy right elbow pain and constant moderate sharp right hand pain. Her right hand pain is associated tingling and weakness. A cervical compression test causes pain and foraminal compression causes pain on the right. She exhibits a positive straight leg raise on the right and a positive Phalen's test on the right hand. The medication list include Naproxen, Pantoprazole and Ibuprofen. Patient has received an unspecified number of PT and acupuncture visits for this injury. She has had a urine drug toxicology report on 8/1/13 that was negative. The patient's surgical history include removal of fibroid from uterus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base, 180grams:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics Page(s): 111-112.

Decision rationale: Request: Prospective: Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base, 180grams According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". 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" Gabapentin: Not recommended. There is no peer-reviewed literature to support use "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Topical Gabapentin is not recommended in this patient for this diagnosis as cited Amitriptyline is an antidepressant. Per the cited guidelines, "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, there is little to no research to support the use of many of these agents." Therefore, topical amitriptyline is not recommended by the cited guidelines. Per the cited guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended ." Topical Gabapentin and amitriptyline are not recommended in this patient for this diagnosis as cited The medical necessity of the request for Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base, 180grams is not fully established in this patient.

Prospective: Flurbiprofen 2-%, Baclofen 10%, Dexamethsone 2%, in cream base, 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, Topical Analgesics Page(s): 111-112.

Decision rationale: Prospective: Flurbiprofen 2-%, Baclofen 10%, Dexamethsone 2%, in cream base, 180 grams According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized

controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis". "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain:" MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Flurbiprofen is NSAID. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration" Baclofen is a muscle relaxant. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Flurbiprofen, and Baclofen are not recommended by MTUS. The medical necessity of the medication Flurbiprofen 2%, Baclofen 10%, Dexamethsone 2%, in cream base, 180 grams is not fully established in this patient.