

Case Number:	CM15-0041823		
Date Assigned:	03/12/2015	Date of Injury:	11/02/2014
Decision Date:	04/16/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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 63 year old male who sustained an industrial injury on 11/02/2014. Current diagnoses include lumbar sprain/strain and right shoulder sprain/strain. Previous treatments included medication management, physical therapy, and rest. Report dated 02/04/2015 noted that the injured worker presented with complaints that included low back pain, heaviness, and weakness radiating into the bilateral lower extremities with numbness and tingling. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included performing a urinalysis, Norflex, Protonix, Tramadol ER, and Gabapentin were prescribed, and compound creams were ordered which included gabapentin/cyclobenzaprine/bupivacaine and flurbiprofen/Baclofen /dexamethasone/menthol/camphor/capsaicin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound GCB- Gabapentin 10 percent/Cyclobenzaprine 6 percent/Bupivacaine in cream base 30 grams/72 hour supply and 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 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 GCB (gabapentin 10%, cyclobenzaprine 6%, Bupivacain in cream base 30 g/72 hours and 210 g 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. Gabapentin topical is not recommended. Cyclobenzaprine topical is not recommended. In this case, the injured workers working diagnoses are lumbar strain/sprain; and right shoulder sprain/strain. The medical record contains 16 pages. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that antidepressants and anticonvulsants were not tolerated and failed. Any compounded product that contains at least one drug (gabapentin and cyclobenzaprine) that is not recommended is not recommended. Consequently, compound GCB (gabapentin 10%, cyclobenzaprine 6%, Bupivacain in cream base 30 g/72 hours and 210 g. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, compound GCB (gabapentin 10%, cyclobenzaprine 6%, Bupivacain in cream base 30 g/72 hours and 210 g is not medically necessary.

Compound Flurbiprofen 20 percent/Baclofen 5 percent/Dexamethasone 2 percent/Menthol 2 percent/Camphor 2 percent: Upheld

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

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, Flurbiprofen 20%/ baclofen 5%, dexamethasone 2%, menthol 2% and camphor 2% cream #180gm 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. Topical baclofen is not recommended. Flurbiprofen is not FDA approved. In this case, the injured workers working diagnoses are lumbar strain/sprain; and right shoulder sprain/strain. The medical record contains 16 pages. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that antidepressants and anticonvulsants were not

tolerated and failed. Any compounded product that contains at least one drug (Baclofen and Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 20%/ baclofen 5%, dexamethasone 2%, menthol 2% and camphor 2% cream #180gm is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%/ baclofen 5%, dexamethasone 2%, menthol 2% and camphor 2% cream #180gm not medically necessary.

Capsaicin 0.025 percent in Cream Base 30g/72 hour supply and 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 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, topical capsaicin 0.025% in cream base 30 g/72 hours and 210 g. Topical analgesics are largely experimental with you 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. Capsaicin is recommended only as an option in patients has not responded or is intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured workers working diagnoses are lumbar strain/sprain; and right shoulder sprain/strain. The medical record contains 16 pages. Progress note dated December 3, 2014 shows compound creams, tramadol, Norflex and Protonix were prescribed. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that antidepressants and anticonvulsants were not tolerated and failed. Consequently, absent clinical documentation showing prior treatment with antidepressants and anticonvulsants have failed, topical capsaicin 0.025% in cream base 30 g/72 hours and 210g.