

Case Number:	CM15-0042467		
Date Assigned:	03/12/2015	Date of Injury:	08/19/2008
Decision Date:	04/22/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/06/2015

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 36 year old male who sustained an industrial injury on 8/19/08. The injured worker reported symptoms in the back. The injured worker was diagnosed as having chronic pain syndrome, thoraco-lumbar neuritis, lumbago, and lumbar sprain. Treatments to date have included oral pain medication, topical ointments, psychological evaluation, and activity modification. Currently, the injured worker complains of back pain with radiation to the lower extremities. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound-(Gabapentin, Cylcobenzaprine, Flurbiprofen, Ketamine, Lidocaine, Menthol) Cream quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The patient presents with low back pain radiating to bilateral lower extremities. The request is for COMPOUND (GABAPENTIN, CYCLOBENZAPRINE, FLURBIPROFEN, KETAMINE, LIDOCAINE, MENTHOL) CREAM QUANTITY 2. The request for authorization is not provided. MRI of the lumbar spine, 10/04/14, shows mild broad disc bulge L5-S1 without significant spinal stenosis. He states he has numbness, tingling, and pins and needles feeling. He needs to control his pain so he can take care of his baby and 3 years old son who is very active. With medications, he is able to move around the house and do his ADLs, without the medications, he cannot get out of bed. Patient's medications include MSSR, Gabapentin, Norco, Flexeril, Prilosec, Cymbalta and Lidocaine patch. The patient is not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. 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. Gabapentin: Not recommended." Per progress report dated, 01/28/15, treater's reason for the request is "to decrease use of oral nsaid. With the conventional oral nsaid, pt was getting gastritis so pt tries to take as little of the oral nsaid as possible." However, MTUS page 111 states that if one of the compounded topical products are not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin and Cyclobenzaprine, which is not supported for topical use in lotion form. Additionally, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Furthermore, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request IS NOT medically necessary.