MAXIMUS Federal Services

Case Number:	CM15-0053106		
Date Assigned:	03/26/2015	Date of Injury:	11/06/2014
Decision Date:	05/04/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 32 year old male, who sustained an industrial injury on 11/06/2014. On provider visit dated 01/ 28/2015 the injured worker has reported constant upper/mid back pain and frequent low back pain. Spasms and tenderness was noted on palpation and of the thoracic parvertebral muscles. The lumbar spine was noted to a decrease range of motion. The diagnoses have included thoracic sprain/strain and lumbar sprain/strain. Treatment to date has included x-rays, laboratory studies, medication, and MRI's. The provider requested compound creams for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound - fluriprofen 20%/ baclofen 5%/ dexamethasone 2%/ menthol 2%/ camphor 2%/ capsaicin 0.025%, 30 gms: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic ankle pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Compound: fluriprofen 20%/ baclofen 5%/ dexamethasone 2%/ menthol 2%/ camphor 2%/ capsaicin 0.025%, 30 gms is not medically necessary.

Compound - gabepentin 10%/ cyclobenzaprine 6%/ bupivacaine 30gms: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of gabapentin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Compound: gabepentin 10%/ cyclobenzaprine 6%/ bupivacaine 30gms is not medically necessary.