

Case Number:	CM15-0056597		
Date Assigned:	04/01/2015	Date of Injury:	10/16/2013
Decision Date:	05/07/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 42 year old female, who sustained an industrial injury on 10/16/13. The injured worker has complaints of stabbing and achy upper back pain with pulling sensation with pain radiating to the lumbar spine. Continuous low back pain with pain radiating to the bilateral posterior lower extremities to the feet. The diagnoses have included pain in thoracic spine; lumbago and unspecified anxiety. Treatment to date has included C-rays of the low back; physical therapy; electrical stimulation; massage therapy; exercise; Magnetic Resonance Imaging (MRI) of the low back; electromyogram/nerve conduction study and naproxen; cyclobenzaprine HCL; tylenol; Gabapentin 10% Amitriptyline 10% Bupivacaine 5% in cream base 180gm and Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin .025% in cream. The request was for Gabapentin 10% Amitriptyline 10% Bupivacaine 5% in cream base 180gm and Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin .025% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Amitriptyline 10% Bupivacaine 5% in cream base 180gm: 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 Analgesics, page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The primary treating physician's progress report dated 3/11/15 documented thoracic and lumbar complaints. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical analgesic containing Gabapentin is not supported by MTUS. Therefore, the request for a topical product containing Gabapentin, Amitriptyline, and Bupivacaine is not medically necessary.

Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin .025% in cream base: 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 Analgesics, page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs), page 67-73. Capsaicin, topical, page 28-29.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events,

including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. The primary treating physician's progress report dated 3/11/15 documented thoracic and lumbar complaints. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. MTUS guidelines do not support the use of compounded topical analgesics containing Baclofen. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of a compounded topical product containing Baclofen. Therefore, the request for a compounded topical product containing Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, and Capsaicin is not medically necessary.