

Case Number:	CM15-0086716		
Date Assigned:	05/08/2015	Date of Injury:	11/18/2014
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male, who sustained an industrial injury on 11/18/2014. He has reported injury to the low back. The diagnoses have included lumbosacral musculoligamentous strain/sprain; lumbosacral spine disc herniation with radiculitis; and rule out NSAID (non-steroidal anti-inflammatory) drug-induced gastropathy (improved). Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Fexmid and topical compounded creams. A progress note from the treating physician, dated 03/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the lower back; pain is rated at 5/10 on the visual analog scale, which has remained the same since his last visit; treatment is helping and function has improved; and physical therapy has helped to decrease his pain and tenderness, as well as improved his activities of daily living. Objective findings included grade 2 tenderness to palpation over the paraspinal muscles; restricted range of motion of the lumbar spine; and straight leg raise test is positive bilaterally. The treatment plan has included the request for Flurbi (NAP) cream - LA (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 8%) 180 grams; and Gabacyclotram (Gabapentin 10%/Cyclobenzaprine 8%/Tramadol 10%) 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb (NAP) cream - LA (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 8%) 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 (1)
Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for low back pain. When seen, pain was rated at 5/10. She was having included physical therapy with improvement. Physical examination findings included decreased lumbar spine range of motion with paraspinal tenderness and positive straight leg raising. Flurb (Nap) Cream is a compounded medication containing Flurbiprofen, Lidocaine, and amitriptyline. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medication is not medically necessary.

Gabacyclotram (Gabapentin 10%/Cyclobenzaprine 8%/Tramadol 10%) 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 (1)
Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for low back pain. When seen, pain was rated at 5/10. She was having included physical therapy with improvement. Physical examination findings included decreased lumbar spine range of motion with paraspinal tenderness and positive straight leg raising. Flurb (Nap) Cream is a compounded medication containing Flurbiprofen, Lidocaine, and amitriptyline. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents. Compounded topical preparations of flurbiprofen are used off-label

(non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested medication was not medically necessary. In terms of the compounded medication being prescribed, Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore the requested compounded medication is not medically necessary.