

Case Number:	CM15-0097438		
Date Assigned:	05/28/2015	Date of Injury:	12/26/2012
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/20/2015

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, Alabama,

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 49-year-old female, who sustained an industrial injury on 12/26/12. She reported low back pain. The injured worker was diagnosed as having lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, and right ankle sprain/strain, rule out right ankle internal derangement, loss of sleep and sleep disturbance. Treatment to date has included oral medications, topical compound creams, activity restrictions and chiropractic treatment. Currently, the injured worker complains of severe throbbing, burning low back pain and stiffness rated 8/10, moderate burning right ankle pain rated 7/10 and weakness and loss of sleep due to pain. She has been off work since the injury. Physical exam noted decreased and painful lumbar range of motion, tenderness to palpation of lumbar paravertebral muscles and muscle spasm of the lumbar paravertebral muscles and decreased and painful range of motion of right ankle with tenderness to palpation of the anterior ankle and lateral ankle. The treatment plan included continuation of oral medications Pantoprazole and Tramadol and continuation of compound creams: GCB and FBD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 %, Cyclobenzaprine 6 %, Bupivacane 5 %, 30 grams/72hrs: Upheld

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

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. There 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. The cream contains Cyclobenzaprine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for topical cream Gabapentin 10 %, Cyclobenzaprine 6 %, Bupivacane 5%, 30 grams/72hrs is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Dexa 2% Menthol 2%, Camphor 2%, Capsaicin 0.025%, 30 gm: Upheld

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

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. There 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, the request for Flurbiprofen 20%, Baclofen 5%, Dexa 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%, and 30 gm is not medically necessary.