

Case Number:	CM14-0129961		
Date Assigned:	08/22/2014	Date of Injury:	04/12/2010
Decision Date:	10/06/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 38 year old patient had a date of injury on 4/12/2010. The mechanism of injury was a lifting injury. In a progress noted dated 7/23/2014, subjective findings included low back pain radiating down to right lower extremity. On a physical exam dated 7/23/2014, objective findings included disc desiccation and history of right L5-S1 disc herniation, right S1 radiculopathy with right weakness and Achilles reflex changes. Diagnostic impression shows lumbar strain, L5-S1 Herniated disc, sacroiliac joint dysfunction, and lumbar strain. Treatment to date: medication therapy, behavioral modification A UR decision dated 7/15/2014 denied the request for flurbiprofen 10%/cyclobenzaprine 1%/gabapentin 6%, lidocaine 2% and prilocaine 2% topical cream for the lumbar spine, stating that there was no clear detail provided as to why the topical compounded analgesic ointment is required at this point as opposed to the patient using an over the counter topical agent or using oral over the counter medications as needed for pain as the use of prescription topical/compounded analgesics is unproven as an effective treatment alternative for long term pain relief and not supported in the guidelines criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10 %, Cyclobenzaprine 1 %, Gabapentin 6%, Lidocaine 2 % and Prilocaine 2 % topical cream for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the notes reviewed, and in progress report dated 7/23/2014, there was no discussion of a failure of an 1st line oral analgesic such as oral gabapentin. Furthermore, this compounded contains gabapentin which is not recommended in topical applications. Therefore, the request for flurbiprofen 10%/cyclobenzaprine 1%/gabapentin 6%/lidocaine2% and prolocaine 2% topical cream for the lumbar spine is not medically necessary.