

Case Number:	CM14-0138071		
Date Assigned:	09/05/2014	Date of Injury:	05/05/1994
Decision Date:	09/30/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 63 year old female with an injury date on 05/05/1994. Based on the 05/21/2014 progress report provided by [REDACTED] the patient complains of low back pain especially on the left side radiating down to the anterior of the left knee and occasionally to the toe. Medications mentioned are Neurotin 100 mg, Pentazocine-Naloxone 50 mg/0.5mg, Protonix 40 mg, Disalcid 750 mg, Prozac 20 mg, Duragesic patch 25 mg, Atenolol 25 mg, Prometrium 100 mg, Vivelle-Dot 0.025 mg patch, and Losartan/Hydrochlorothiazide 100/25 mg. The patient's diagnoses include the following: 1. Chronic back pain.2. Degenerative lumbosacral disk disease.3. Lumbar spinal stenosis4. Thoracolumbar radiculopathy.5. Obesity6. Status post exploration of the lumbar fusion from L2 through L5 with removal of retained hardware plus decompressive lumbar laminectomy of L5 with foraminotomies over L5-S1 nerve roots plus left side interbody fusion at L5-S1 with curved cage and local bone graft plus bilateral lateral fusion at L5-S1 plus posterior fusion from T12-L1 with a segmental pedicle screw hardware utilized from T11-T12 and L5-S1 fusion with local bone graft, cancellous bone chips, and infused-bone morphogenic protein only at T11-L2 level for degenerative disk disease and facet disease and stenosis of the lumbar spine at L5-S1 as well as degenerative disk disease at L1-L2, status post previous multiple surgeries at L2 to L5 fusion with retained hardware.7. Hypertension.8. Depression.9. Anxiety.10. Obstructive sleep apnea - Continue CPAP11. Status post urinary tract infection. [REDACTED] is requesting for a TN2 Compound Cream (Gabapentin, Ketamine, Cyclobenzaprine, Atenolol) 120ml. The utilization review determination being challenged is dated 08/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/09/2013 to 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TN2 Compound Cream (gabapentin, ketamine, cyclobenzaprine, atenolol) 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (fentanyl transdermal system).] Page(s): 111.

Decision rationale: According to the 05/21/2014 report by [REDACTED], this patient presents with low back pain especially on the left side. The provider is requesting for TN2 compound cream (Gabapentin, Ketamine, Cyclobenzaprine, Atenolol) 120ml. MTUS guidelines pages 111-113 regarding topical compound analgesics states, "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006)" MTUS also states that if one of the compounded products is not indicated, then the entire compound is not. In this case, Cyclobenzaprine and Gabapentin are not supported by MTUS for topical use. Therefore, this request is not medically necessary.