MAXIMUS Federal Services

Case Number:	CM14-0141451		
Date Assigned:	09/10/2014	Date of Injury:	02/17/2012
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/02/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 60-year-old male who reported an injury of an unknown mechanism on 02/17/2012. On 03/24/2014, his diagnoses included sciatica, lumbar radiculitis/neuritis, lumbar disc displacement/herniation, and diabetes mellitus. His complaints included constant pain in the low back, left hip and leg with numbness. He described the pain as moderate to severe most of the time and he needed to rest during the day for a few hours. He also stated that coughing, sneezing, and straining did increase his pain. His pain also interrupted his sleep. He rated his pain at 8/10. In addition, he also reported localized pain in both shoulders. He reported the pain was improved with medication, rest, hot showers, and changing position frequently. He stated that he had tried physical therapy, massage, and chiropractic treatment all without relief. None of the medications included in the documentation had associated dosages. They included: metformin, omeprazole, simvastatin, aspirin, glipizide, and losartan. It was noted that he was not using any controlled substances at the time of the evaluation. There was no rationale included in this injured worker's chart. A Request for Authorization dated 02/19/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Cyclobenzaprine 1% Lidocaine 5% 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for gabapentin 10%, cyclobenzaprine 1%, and lidocaine 5% 180 gm is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including antiepileptic medications, muscle relaxants, and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Gabapentin is not recommended. There is no peer reviewed literature to support its use. There is no evidence for use of any muscle relaxant as a topical product. The only form of FDA approved topical lidocaine is the 5% dermal patch for neuropathic pain. The guidelines do not support the use of this compounded cream. Additionally, the body part of parts which were to have been treated were not specified in the request, nor was a frequency of application. Therefore, this request for gabapentin 10%, cyclobenzaprine 1%, and lidocaine 5% 180 gm is not medically necessary.

Capsaicin 0.0375%, Flurbiprofen 5%, Tramadol 6.5%, Menthol 2%,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for capsaicin 0.0375%, flurbiprofen 5%, tramadol 6.5%, and menthol 2% is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain relief including NSAIDs, opiates, and capsaicin. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac). Capsaicin is generally available in a 0.025% formulation as a treatment for osteoarthritis. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines do not support the use of this topical analgesic. Additionally, there was no quantity specified in the request. Furthermore, the body or parts to have been treated were not specified, nor was there a frequency of application. Therefore, this request for capsaicin 0.0375%, flurbiprofen 5%, tramadol 6.5%, and menthol 2% is not medically necessary.