

Case Number:	CM14-0176101		
Date Assigned:	10/29/2014	Date of Injury:	09/16/2010
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/23/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 67-year-old woman who sustained a work-related injury on September 16, 2010. Subsequently, she developed chronic neck and back pain. The patient was treated with medications, Toradol injections intramuscularly on August, September, October, and December of 2013, and transforaminal epidural steroid injection right L4-S1 on December 13, 2012 (improvement greater than 80% that lasted 2 months). The EMG study performed on September 16, 2011 revealed normal EMG of both upper and lower extremities bilaterally. The NCV study documented abnormal studies due to mild slowing of the median sensory distal latency of the wrist on the left with moderate slowing through the carpal tunnel. On the right, there was mild slowing through the carpal tunnel. MRI of the cervical spine dated September 29, 2011 showed diffuse disc bulge of 3-4 mm at C3-4, C5-6, and C6-7 levels with narrowing of the neural foramina bilaterally. MRI of the lumbar spine dated September 29, 2011 showed diffuse disc bulge of 4-5 mm at the L4-5 disc level with narrowing of the neural foramina bilaterally, degenerative disc disease at the L4-5 disc level, and anterior disc bulge of 3-4 mm at the L4-5 disc level. According to a progress report dated January 28, 2014, the patient reported low back pain that radiates down the bilateral lower extremities. Upper extremities pain that radiated bilaterally in the shoulders. The patient rated her pain as a 6/10 with medications and 8/10 without medications. She reported that her pain worsened since her last visit. The lumbar examination revealed tenderness upon palpation in the spinal vertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Sensory exam showed decreased sensitivity to touch along the L4-5 dermatome in the right lower extremity. Straight leg raise with the patient in the seated position was positive on the right for radicular pain at 70 degrees. The patient was diagnosed with cervical radiculopathy, chronic pain, lumbar radiculopathy, right wrist pain, and

status post right wrist arthroscopic surgery. The provider request authorization for Gabapentin 10%, Lidocaine 5% cream, Baclofen 2%, Flurbiprofen 5% and Acetyl-Camitine 15% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%: 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 California Medical Treatment Utilization Schedule (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. Gabapentin is not recommended as a topical analgesic. Therefore, topical analgesic Gabapentin 10% is not medically necessary.

Lidocaine 5% cream 180gm: 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 California Medical Treatment Utilization Schedule (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. That 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 documentation that Lidocaine is effective for the treatment of back, shoulder and neck pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, the request for lidocaine 5%, 180gm is not medically necessary.

Baclofen 2%: Upheld

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

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

Decision rationale: According to California Medical Treatment Utilization Schedule (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. That 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 documentation that Baclofen is effective for the treatment of back, shoulder and neck pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, the request for Baclofen 2% is not medically necessary.

Flurbiprofen 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs

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

Decision rationale: According to California Medical Treatment Utilization Schedule (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. That 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 is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Flurbiprofen 5% cream is not medically necessary.

Acetyl-Camitine 15% cream: 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 California Medical Treatment Utilization Schedule (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. That 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 documentation that Acetyl-Camitine is effective for the treatment of back, shoulder and neck pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, the request for Acetyl-Camitine 15% cream is not medically necessary.