

Case Number:	CM14-0085601		
Date Assigned:	07/23/2014	Date of Injury:	08/17/2011
Decision Date:	10/07/2014	UR Denial Date:	05/26/2014
Priority:	Standard	Application Received:	06/09/2014

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 is a 34-year-old male with an 8/17/11 date of injury. The mechanism of injury occurred as a result of wrapping pallets and assisting with boxing. According to a progress report dated 3/6/14, the patient complained of lower back pain with radicular symptoms to the lower extremities. The patient still required medication to control his symptoms. Without the medications, he is unable to perform ADLs. Objective findings: tenderness noted over the paraspinous muscles, decreased sensation on the left S1 and L3 dermatomes, tenderness over the SI joint, decreased ROM with anterior flexion of the trunk. Diagnostic impression: musculoligamentous strain of the lumbar spine, neuritis and radiculitis of the lumbar spine. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 5/26/14 denied the requests for Retro Gabapentin 5%, Tramadol 10%, Baclofen 25.5%/ Cyc 2.5% in Lipoderm base and Retro Flurbiprofen 20%, Capsaicin 0.025 %, Methy salicylate 4%, in Lipoderm base. There was no clear detail provided as to why these prescription topical/compounded analgesics were prescribed and how they were to be helpful in the overall treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin 5%, Tramadol 10%, Baclofen 25.5%/ Cyc 2.5% in lipoderm base:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/ NSAIDs Page(s): 111-113, 105. Decision based on Non-MTUS Citation Official Disability Guidelines- Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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. Guidelines do not support the use of Gabapentin, Tramadol, Baclofen, or Cyclobenzaprine in a topical formulation. A specific rationale identifying why this product is required for this patient was not provided. In addition, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for Retro Gabapentin 5%, Tramadol 10%, Baclofen 25.5%/ Cyc 2.5% in Lipoderm base was not medically necessary.

Retro Flurbiprofen 20%, Capsaicin 0.025 %, Methy salicylate 4%, in Lipoderm base:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/NSAIDs Page(s): 111-113, 105. Decision based on Non-MTUS Citation Official Disability Guidelines- Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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. Guidelines do not support the use of Flurbiprofen in a topical formulation. A specific rationale identifying why this product is required for this patient was not provided. In addition, there is no documentation of the date of service being requested for this retrospective request. Since the date of service is not indicated, this request cannot be substantiated. Therefore, the request for Retro Flurbiprofen 20%, Capsaicin 0.025 %, Methy salicylate 4%, in Lipoderm base was not medically necessary.