

Case Number:	CM14-0143140		
Date Assigned:	09/12/2014	Date of Injury:	06/06/1995
Decision Date:	01/05/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 60-year-old female with a 6/6/95 date of injury. According to a progress report dated 7/30/14, the patient complained of neck pain that radiated down the bilateral upper extremities and bilaterally to the hands and to the fingers. She complained of frequent muscle spasms in the neck and low back area. She also complained of constant low back pain that radiated down the bilateral lower extremities to the bilateral toes. She also complained of pain bilaterally in the arms, elbows, fingers, hands, shoulders, wrists, and knees. She rated her pain as an 8.5/10 with medications and 9/10 without medications. Objective findings: spinal vertebral tenderness in cervical spine C4-7, lumbar spasms, tenderness upon palpation in spinal vertebral area L4-S1, limited lumbar range of motion, tenderness noted at bilateral anterior shoulders, range of motion of bilateral shoulders decreased due to pain. Diagnostic impression: cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy, fibromyalgia, left heel spurs. Treatment to date: medication management, activity modification. A UR decision dated 8/13/14 denied the requests for Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% x 180gm and Capsaicin 0.0375%, Flurbiprofen 5%, Tramadol 6.5%, Menthol 2%, Camphor 2% x180gm. Since one or more ingredients in these compounds are not recommended, the entire compound is considered not recommended.

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% X180gm: 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): 25, 28, 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. However, in the present case, guidelines do not support the use of gabapentin, cyclobenzaprine, or lidocaine in a topical cream/lotion/ointment formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. In addition, there is no documentation as to why this patient is unable to tolerate oral medications. Therefore, the request for Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% x 180gm is not medically necessary.

Capsaicin 0.0375%, Flurbiprofen 5%, Tramadol 6.5%, Menthol 2%, Camphor 2% X180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 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. However, in the present case, guidelines do not support the use of Flurbiprofen, Tramadol, or Capsaicin in anything greater than 0.025% in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. In addition, there is no documentation as to why this patient is unable to tolerate oral medications. Therefore, the request for Capsaicin 0.0375%, Flurbiprofen 5%, Tramadol 6.5%, Menthol 2%, Camphor 2% x180gm is not medically necessary.