

Case Number:	CM14-0213187		
Date Assigned:	12/30/2014	Date of Injury:	12/07/2012
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

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 injured worker's date of injury is 12/07/2012. Documentation about the initial injury was not provided. This patient receives treatment for chronic low back with additional symptoms consisting of numbness and tingling that radiate to the lower extremities. Movements of the back aggravate the pain. There is neck pain as well, causing headaches and radiating discomfort that includes numbness and tingling to the upper extremities. The patient also complains about L knee pain. On exam the patient's gait is antalgic. There was spasms of the lower paralumbar muscles. Straight leg raising testing was positive on both sides (the angle in degrees was not stated). Diagnoses include muscle spasm of the neck with radiculopathy, lumbar radiculopathy, lumbar strain, and left knee sprain. Medications prescribed include Norco, and two compounded topical creams. The patient received acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base: 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 (updated 11/21/2014), Compound Drugs

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

Decision rationale: This patient receives treatment for chronic pain in the neck, back, and lower extremities. Topical analgesics are experimental in use. Clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Gabapentin is an anti epileptic drug (AED). All AEDs are not recommended in their topical form to treat pain. Amitriptyline is an antidepressant. All antidepressants are not recommended in their topical form to treat pain. Bupivacaine is an anesthetic agent which is not recommended to treat pain in its topical form. This compounded cream is not medically indicated.

Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%: 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 (updated 11/21/2014), Compound Drugs

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

Decision rationale: This patient receives treatment for chronic pain in the neck, back, and lower extremities. Topical analgesics are experimental in use. Clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Flurbiprofen is an NSAID. NSAIDs are not recommended to treat pain in their topical form. Baclofen is a muscle relaxer. All muscle relaxers are not recommended to treat pain in their topical form. Dexamethasone is a steroid, which is not medically indicated to treat chronic pain in its topical form. Menthol and camphor are topical irritants which are not medically indicated to treat chronic pain. This compounded product is not medically indicated.