

Case Number:	CM14-0213881		
Date Assigned:	12/31/2014	Date of Injury:	08/01/2013
Decision Date:	02/25/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey, New York
 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:

The injured worker is a 60 year-old female who was injured on 8/1/13 when she was working as a strapper operator and had to straighten loads by herself with her back against the wall and pushing with her feet and legs. An x-ray of lumbar spine showed mild degenerative changes with anterior osteophytic spurring at L2-3, L3-4, loss of intervertebral disc height at L3-4, L4-5, and L5-6. A cervical x-ray showed mild degenerative changes with anterior osteophytic spurring at C2-3, C3-4. She was diagnosed with low back pain, bilateral knee and ankle sprain, right knee and ankle degenerative joint disease, and iliotibial band syndrome. Her medication included Tramadol, omeprazole, A home exercise program was recommended. The current request is for the use of two topical compounded analgesic creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound medication (Flurbiprofen 20%, Baclofen 5%, Dexamethasone 1% in cream base) 210 grams: 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): 111-113.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Topicals are often used when oral medications aren't tolerated. There was no documentation of adverse effects with oral medications. Topical baclofen is not recommended as per MTUS guidelines as there is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.

1 compound medications (Dexomethorphan 5%, Gabapentin 5%, Bupivacaine 2.5%, Menthol 1%, Camphor 1% in cream base) 210 grams: 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): 111-113.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There are no guidelines for the use of menthol with the patient's complaints. In the MTUS, there are no guidelines for the use of camphor. There is no documentation that the patient was unable to tolerate oral analgesics and many have not been trialed yet. Therefore, the request is considered not medically necessary.