

Case Number:	CM14-0217147		
Date Assigned:	01/07/2015	Date of Injury:	10/11/2012
Decision Date:	03/10/2015	UR Denial Date:	12/06/2014
Priority:	Standard	Application Received:	12/29/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 male patient, who sustained an industrial injury on 10/11/2012. A follow up visit dated 05/17/2014 reported chief complaints of lower back pain which radiates to the right lower leg and accompanied with paresthesias to foot. He has been taking Prozac and Naproxen with stated "better relief" of symptom. Physical examination found normal lumbar lordotic curve and no evidence of scoliosis. The patient's gait is normal along with heel toe walk. Lumbar spine range of motion is as follows; forward flexion at 70 degrees, extension at 35 degrees, right lateral rotation at 35 degrees, left lateral rotation ia at 35 degrees, right lateral bending is at 35 degrees and left lateral bending is at 35 degrees. his pai is reptred worse in the lower back than in the lower extremity; he has sciatic tenderness and positive Valsalva maneuver. In addition, Trendelenburg and sacroiliac tests both found positive results. He is diagnosed with lumbar spinr/strain, lumbar herniated disc syndrome without myelopathy, sciatica of the right lower extremity and depression with headache. He is to continue using topical compounds and remain off from work for the following 4 weeks pending follow up. On 12/06/2014 Utilization Review non-certified a request for compound cream noting the CA MTUS guidelines, Chronic Pain, Compound topicals. The injured worker submitted an application for IMR for review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Dexamethasone/Panthenol topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://pubchem.ncbi.nlm.nih.gov/compound/DL-Panthenol>

Decision rationale: The injured worker is a male patient, who sustained an industrial injury on 10/11/2012. A follow up visit dated 05/17/2014 reported chief complaints of lower back pain which radiates to the right lower leg and accompanied with parasthesias to foot. He has been taking Prozac and Naproxen with stated "better relief" of symptom. Physical examination found normal lumbar lordotic curve and no evidence of scoliosis. The patient's gait is normal along with heel toe walk. Lumbar spine range of motion is as follows; forward flexion at 70 degrees, extension at 35 degrees, right lateral rotation at 35 degrees, left lateral rotation at 35 degrees, right lateral bending is at 35 degrees and left lateral bending is at 35 degrees. his pain is reported worse in the lower back than in the lower extremity; he has sciatic tenderness and positive Valsalva maneuver. In addition, Trendelenburg and sacroiliac tests both found positive results. He is diagnosed with lumbar sprain/strain, lumbar herniated disc syndrome without myelopathy, sciatica of the right lower extremity and depression with headache. He is to continue using topical compounds and remain off from work for the following 4 weeks pending follow up. On 12/06/2014 Utilization Review non-certified a request for compound cream noting the CA MTUS guidelines, Chronic Pain, Compound topicals. The injured worker submitted an application for IMR for review of requested service.

Gabapentin/Amitriptyline/Bupivacaine/ Panthenol topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://pubchem.ncbi.nlm.nih.gov/compound/DL-Panthenol>

Decision rationale: Gabapentin/Amitriptyline/Bupivacaine/ Panthenol topical cream topical cream is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support the use of topical Gabapentin and therefore the entire compounded product is not medically necessary. The request does not indicate a quantity or where the cream will be applied. There are no extenuating circumstances that would go against guideline recommendations. For these reasons Gabapentin/Amitriptyline/Bupivacaine/ Panthenol topical cream is not medically necessary.