

Case Number:	CM15-0005110		
Date Assigned:	01/16/2015	Date of Injury:	12/13/2013
Decision Date:	03/19/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/09/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old woman sustained an industrial injury on 12/13/2013 after tripping on a floor mat and falling with her hands full. Current diagnoses include right ankle sprain, tenosynovitis, left ankle sprain, right shoulder and right knee pain. Evaluations include right ankle x-ray, left ankle x-ray, right foot x-ray, left foot x-ray dated 4/29/2014, right ankle MRI dated 7/24/2014, left ankle MRI dated 7/17/2014, right and left foot MRI dated 7/13/2014, nerve conduction studies and electromyography study dated 10/30/2014. Treatment has included oral medications, myofascial release, stretching, and injections. Physician notes dated 10/27/2014 showed complaints of bilateral intermittent mild to moderate achy, throbbing pain from ankles to toes with numbness and tingling. Bilateral range of motion is decreased and tenderness to palpation is present. Recommendations include NCV/EMG of bilateral lower extremities, FCE evaluation, follow up with podiatrist, and follow up with provider for pain medication, six sessions of acupuncture therapy to the bilateral ankles, shockwave therapy to bilateral ankles, orthopedic consultation, pain assessment, and cardio-respiratory diagnostic testing. The medications listed are Naproxen, Pantoprazole and topical compound creams. On 1/5/2015, Utilization Review evaluated prescriptions for Bupivacaine 1.5 gm, Amitriptyline powder 3 gm, Gabapentin powder 3 gm, Pantoprazole 20 mg #60, Mediderm cream base 22.50 gm, Mediderm cream base 20.60 gm, Capsaicin 0.01 gm, Camphor 0.6 gm, Menthol 0.6 gm, Dexamethasone 0.6 gm, Baclofen 1.5 gm, and Flurbiprofen powder 6 gm, that were submitted on 1/9/2015. The UR physician noted the following: regarding Pantoprazole, although there is documentation of chronic NSAID therapy, there is no documentation of a trial of first line therapy. Regarding Gabapentin,

evidence based guidelines do not consistently support compound medications including Gabapentin. Regarding Amitriptyline, evidence based guidelines do not consistently support compound medications including amitriptyline. Regarding Bupivacaine, there is no documentation of neuropathic pain that show a failed trial of antidepressants and anticonvulsants. Regarding Mediderm cream base, evidence based guidelines do not consistently support compound medications including ketoprofen, lidocaine, capsaicin, baclofen and other muscle relaxants, gabapentin or other anti-epilepsy drugs for topical application. Regarding Flurbiprofen, evidence based guidelines do not consistently support compound medications including ketoprofen for topical applications. Regarding baclofen, evidence based guidelines do not consistently support baclofen and other muscle relaxants for topical application. Regarding Dexamethasone, there is no documentation of neuropathic pain or failed trials of oral antidepressants and anticonvulsants. Regarding Menthol, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding Camphor, there is no documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding Capsaicin, there is no documentation of the formulation and a diagnosis for which formulation is supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bupivacaine 1.5gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Drugs.com - Bupivacaine (www.drugs.com/pro/bupivacaine.html)

MAXIMUS 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 Chapter, Topical compound cream

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guideline support for the chronic use of topical formulation of Bupivacaine in the treatment of chronic musculoskeletal pain. Therefore, the request is not medically necessary.

Amitriptyline Powder 3gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic antidepressant Page(s): 111;112-113.

MAXIMUS 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 Chapter, Topical analgesic products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guideline support for the use of topical formulation of amitriptyline. Therefore, the request is not medically necessary.

Gabapentin Powder 3gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111;112-113.

MAXIMUS 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 Chapter, Topical analgesic products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guideline support for the use of topical formulations of gabapentin in the treatment of chronic musculoskeletal pain. Therefore, the request is not medically necessary.

Pantoprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prophylaxis and treatment of NSAIDs induced gastrointestinal complications in high risk patients. The records did not indicate that the patient had a history of peptic ulcer, GI bleed or other high risk condition such advanced age. The patient is utilizing NSAIDs in both oral and topical formulations. The record did not show that the patient failed

treatment treatment with guidelines recommended first line proton pump inhibitors such as omeprazole. Therefore, the request is not medically necessary.

Mediderm Cream Base 22.50gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111; 112-113.

MAXIMUS 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 Chapter, Topical analgesic products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guideline support for the use of topical creams for the treatment of multiple joints pain. Therefore, the request is not medically necessary.

Mediderm Cream Base 20.60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111; 112-113.

MAXIMUS 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 Chapter, Topical analgesic products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guideline support for the use of topical analgesic cream in the treatment of multiple joints pain. Therefore, the request is not medically necessary.

Capsaicin 0.01gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111, 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); and on Non-MTUS US Pharmacist (www.uspharmacist.com/content/d/in-service/c/14045)

MAXIMUS 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 Chapter, Topical analgesic products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guideline support for the chronic use of topical capsaicin in the treatment of musculoskeletal pain. Therefore, the request is not medically necessary.

Camphor 0.6gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical analgesic cream

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guideline support for the chronic use of topical camphor for the treatment of musculoskeletal pain. Therefore, the request is not medically necessary.

Menthol 0.6gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical analgesic products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guideline

support for the chronic use of topical formulations of menthol for the treatment of musculoskeletal pain. Therefore, the request is not medically necessary.

Dexamethasone 0.6gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Drugs.com - Dexamethasone (www.drugs.com/dexamethasone.html)

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guidelines support for the chronic use of topical steroids for the treatment of musculoskeletal pain. Therefore, the request is not medically necessary.

Baclofen 1.5gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants, Topical Analgesic products

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The current diagnoses are feet, ankle and shoulder pain. There is lack of guideline support for the use of topical formulations of muscle relaxants including Baclofen for the treatment of musculoskeletal pain. Therefore, the request is not medically necessary.

Flurbiprofen Powder 6gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111; 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications and second line lidocaine patch have failed. There records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of failure of first line medications. The records show that the patient is utilizing multiple NSAIDs in oral and topical formulations. The use of multiple NSAIDs is associated with increased risk of cardiac, renal and gastrointestinal complications. The chronic use of topical NSAIDs is associated with rapid development of tolerance and decreased efficacy. There is lack of guideline support for the use of topical Flurbiprofen in combination with other products. Therefore, the request is not medically necessary.