MAXIMUS Federal Services

Case Number:	CM15-0010490		
Date Assigned:	01/28/2015	Date of Injury:	10/24/1996
Decision Date:	03/23/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/19/2015

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

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 (IW) is a 53 year old male, who sustained an industrial injury on October 24, 1996. He has reported total body pain and fatigue with associated sleep disturbances, thoracolumbar, left shoulder and bilateral elbow sprain/strain, cubital tunnel syndrome, bilateral lower extremity radiculopathies, bilateral wrist tendinitis, right ankle sprain, healed elbow fracture, psychiatric and sexual dysfunction and fibromyalgia and was diagnosed with myalgia and myositis. Treatment to date has included radiographic imaging, diagnostic studies, chiropractic care, acupuncture, a home exercise plan, electrical stimulation unit use, pain medications and other treatment modalities. Currently, the IW complains of chronic full body pain intermittingly with a primary complaint of bilateral elbow pain and sleep disturbances. The injured worker reported a cumulative industrial injury reported in 1996. He subjectively suffers from chronic body and elbow pain with noted radiculitis of the lower extremity and occasional numbness in the upper extremities and face. He has been treated with conservative treatment options and medications. Evaluation on June 18, 2014, revealed continued pain. Surgical release of the elbow was discussed. Evaluation on August 11, 2014, revealed continued pain however he reported some improvement with aquatherapy. Further evaluation revealed continued pain and a subjective report of improvement with the use of pain gels. On January 10, 2015, Utilization Review non-certified requests for compounded topical pain medications, noting the MTUS, ACOEM Guidelines, (or ODG) were cited. On January 19, 2015, the injured worker submitted an application for IMR for review of requested compounded, topical pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% Lidocaine 5% Menthol 5% Camphor 1% 180 grams with 1 refill: Upheld

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

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

Decision rationale: The patient continues to report chronic total body pain and pain in multiple body areas. The current request is for Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1%, 180 grams with 1 refill. The MTUS states that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Most are compounded. The MTUS guidelines do not recommend any compounded drug that contains any drug or drug class that is not recommended. Flurbiprofen is a non-steroidal antiinflammatory (NSAID). Topical NSAIDs are recommended for osteoarthritis and tendinitis of joints that are amenable to topical treatment, such as the knee and elbow. The patient is diagnosed with myositis/myalgia. In addition, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. As such, the recommendation is for denial.

Cyclobenzaprine 10% Gabapentin 5% Lidocaine 5% Capsaicin 0.025% 180 grams: Upheld

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

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

Decision rationale: The patient continues to report chronic total body pain and pain in multiple body areas. The current request is for Cyclobenzaprine 10%, Gabapentin 5% Lidocaine 5% Capsaicin .025% 180 grams. The MTUS states that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Most are compounded. The MTUS guidelines do not recommend any compounded drug that contains any drug or drug class that is not recommended. The MTUS also states that there is no evidence for use of any muscle relaxant as a topical product, as such the recommendation is for denial.

Gabapentin 550mg/Pyridoxine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The patient continues to report chronic total body pain and pain in multiple body areas. The current request is for Gabapentin 550mg/Pyridoxine 100mg #60. The MTUS recommends Gabapentin for treatment of neuropathic pain. In this case, there is no documentation of neuropathic pain only myalgia and myositis. The current request is not medically necessary and the recommendation is for denial.