

Case Number:	CM15-0018221		
Date Assigned:	02/06/2015	Date of Injury:	03/05/2013
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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: New Jersey
 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:

A 64 year old female sustained an industrial injury on 03/05/2013. Current diagnoses include cervical spine sprain/strain, rule out discopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, lumbosacral sprain/strain, and left foot plantar fasciitis. Previous treatments included medication management, shoulder injection, and home exercises. Report dated 08/14/2014 noted that the injured worker presented with 60% improvement following shoulder injection and requesting refills on medications. Physical examination was positive for abnormal findings. Utilization review performed on 12/31/2014 non-certified a prescription for 1 Prescription of Gabapentin 10%/ Lidocaine 5% and 1 Prescription of Baclofen 2%/ Flurbiprofen 5%/ Acetyl-L-Carnitine 15%, based on the guidelines referenced do not support use of compound medications with at least one drug that is not recommended is not recommended. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Gabapentin 10%/ Lidocaine 5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Lidocaine, Topical, and Baclofen, Topical.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS Guidelines also state that topical gabapentin is not recommended, as there is no peer-reviewed literature to support its use. The MTUS Guidelines also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the case of this worker, due to the requested topical combination product including gabapentin, the gabapentin/lidocaine will be considered not medically necessary.

1 Prescription of Baclofen 2%/ Flurbiprofen 5%/ Acetyl-L-Carnitine 15% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-Inflammatory Drugs (NSAIDs), Flurbiprofen.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines also state that topical baclofen is not recommended, as there is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the case of this worker, due to the requested topical combination product including baclofen, the baclofen/flurbiprofen will be considered not medically necessary.