

Case Number:	CM15-0110556		
Date Assigned:	06/17/2015	Date of Injury:	01/13/2015
Decision Date:	07/15/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

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

The injured worker is a 42 year old male, who sustained an industrial/work injury on 1/13/15. He reported initial complaints of lumbar pain with radiation down the right leg. The injured worker was diagnosed as having lumbosacral disc protrusion with radiculopathy and grade III spondylolisthesis; displaced lumbar vertebral discs, sciatica, and lumbago. Treatment to date has included medication, diagnostics, spine specialist consultation. MRI results were reported on 2/2/15 reporting 5.5 mm right sided protrusion at L4-5 and grade 1-2 spondylolisthesis at L5-S1 with vertical narrowing of foramen worse on the left. Currently, the injured worker complains of low back pain and right leg pain anterior lateral to knee. Per the primary physician's progress report (PR-2) on 5/18/15, examination noted tenderness to palpation to bilateral, range of motion 30 degrees with pain forward flexion, 10 degrees extension, positive straight leg raise, decreased dermatome sensation to light touch at L4-5. Current plan of care included requesting MRI, and other diagnostics and medication. The requested treatments include topical compound (Flurbi 15%, Cyclobenzaprine 2%, Baclofen 2%, Lido 5%) 180 gm and topical compound (Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%) 180 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound (Flurbi 15%, Cyclobenzaprine 2%, Baclofen 2%, Lido 5%) 180 gm, Qty 1 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for radiating low back pain. When seen, there was decreased and painful lumbar spine range of motion with positive straight leg raising and decreased lower extremity strength. There was paraspinal muscle tenderness. Oral non-steroidal anti-inflammatory medications referenced are ibuprofen and Naprosyn. This request is for a compounded topical medication with components including Baclofen, Cyclobenzaprine, and Flurbiprofen. In terms of these medications, Baclofen and Cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Additionally, the claimant is taking oral NSAID medication and prescribing another NSAID is duplicative. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.

Topical Compound (Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%) 180 gm, Qty 1 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work injury in January 2015 and continues to be treated for radiating low back pain. When seen, there was decreased and painful lumbar spine range of motion with positive straight leg raising and decreased lower extremity strength. There was paraspinal muscle tenderness. Oral non-steroidal anti-inflammatory medications referenced are ibuprofen and Naprosyn. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Compounded topical preparations of ketoprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac and has an extremely high incidence of photocontact dermatitis. Additionally, the claimant is taking oral NSAID medication and prescribing another NSAID is duplicative. Any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.