

Case Number:	CM15-0114434		
Date Assigned:	06/22/2015	Date of Injury:	05/09/2010
Decision Date:	09/01/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female who sustained a work related injury May 9, 2010. While lifting a large bag of trash into a bin she felt a pop in her lower back, slipping out of her shoe and spraining her left ankle. She was given Tylenol and anti-inflammatory medication, x-rays of the low back were negative. She was placed in a walking boot for her left ankle for two weeks. Past history included hypertension. An MRI of the lumbar spine demonstrated a bulging disc L4-L5. Over the course of care she was treated with physical therapy, epidural injections and continued anti-inflammatory medication. According to a primary treating physician's progress report, dated May 5, 2015, the injured worker presented with complaints of intermittent achy lumbar spine pain, rated 7-8 out of 10. The pain is relieved by medication. She also reports a loss of sleep due to pain and stress. Some of the reports photo copy is difficult to decipher. Current medication included Norco-Hydrocodone, Anaprox DS-Naproxen, and Prilosec-Omeprazole DR. Objective findings included lumbar spine; extension 15 degrees, 25 degrees, flexion 40 degrees, 60 degrees, and left and right lateral bending 15 degrees and 25 degrees. Diagnoses are lumbar disc protrusion, lumbar radiculopathy, lumbar sprain, strain; loss of sleep. Treatment plan included a urinalysis was performed for toxicology, and at issue, the request for authorization for Flurbinprofen-Baclofen-Dextromethorphan and Gabapentin-Amitriptyline- Bupivacaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen, 20 percent/Baclofen, 10 percent/Dextromethorphan, 2 percent 30 Day:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, baclofen 10%, dextromethorphan 2%, 30 days is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar disc protrusion; lumbar radiculopathy; lumbar sprain strain; and loss of sleep. The date of injury is May 9, 2010. The request for authorization is May 19, 2015. According to progress note dated May 5, 2015, subjective complaints include lumbar spine pain 8/10. Pain is relieved with medications. Objectively, there is spasm and decreased range of motion. Current medications include Norco 5 mg, Anaprox DS and Prilosec. There is no documentation of first line treatment failure with antidepressants and anticonvulsants. Flurbiprofen is not FDA approved and not recommended. Baclofen is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and topical baclofen) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, baclofen 10%, dextromethorphan 2%, 30 days is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, baclofen 10%, dextromethorphan 2%, 30 days is not medically necessary.

Gabapentin, 10 percent/Amitriptyline, 10 Percent/Bupivacaine, 5 Percent 30 Day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, gabapentin 10%, amitriptyline 10% and Bupivacaine 5% 30-days is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at

least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar disc protrusion; lumbar radiculopathy; lumbar sprain strain; and loss of sleep. The date of injury is May 9, 2010. The request for authorization is May 19, 2015. According to progress note dated May 5, 2015, subjective complaints include lumbar spine pain 8/10. Pain is relieved with medications. Objectively, there is spasm and decreased range of motion. Current medications include Norco 5 mg, Anaprox DS and Prilosec. There is no documentation of first line treatment failure with antidepressants and anticonvulsants. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, gabapentin 10%, amitriptyline 10% and Bupivacaine 5% 30-days is not recommended. Based on clinical information and medical records and the peer-reviewed evidence-based guidelines, gabapentin 10%, amitriptyline 10% and Bupivacaine 5% 30-days is not medically necessary.