

Case Number:	CM15-0114938		
Date Assigned:	06/23/2015	Date of Injury:	09/19/2012
Decision Date:	07/24/2015	UR Denial Date:	05/25/2015
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: Pennsylvania
 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 43 year old male who sustained an industrial injury on 09/19/2012. He reported an injury to his low back and abdomen. Treatment to date has included medications, psychotherapy, physical therapy, lumbar epidural injections, electrodiagnostic studies of the bilateral lower extremities, medial branch blocks and MRIs. According to a progress report dated 05/20/2015, the injured worker complained of headaches. His headache was improving. He also complained of burning, radicular low back pain and muscle spasm. Pain was rated 8 on a scale of 1-10. Pain was associated with numbness and tingling of the bilateral lower extremities. Examination of the lumbar spine demonstrated that the injured worker was able to heel-toe walk; however he had pain with heel walking. He used a cane for ambulation. Toe touches caused low back pain with the fingers at about 8 inches from the ground. He was able to squat to approximately 40% of normal due to the pain in the low back. Tenderness to palpation was noted at the lumbar paraspinal muscles and over the lumbosacral junction. Range of motion was decreased. Straight leg raise was positive on the right and left at 40 degrees. There was decreased sensation to pin-prick and light touch at the L4, L5 and S1 dermatomes bilaterally. Motor strength examination showed L2, L3, L4, L5 and S1 myotomes were decreased at the bilateral lower extremities secondary to pain. Deep tendon reflexes were 2+ and symmetrical in the bilateral lower extremities. Vascular pulses were 2+ and symmetrical in the bilateral lower extremities. Diagnoses included headaches improving, low back pain, lumbar spine radiculopathy and abdominal pain. The injured worker was advised to continue his current treatment. Physiotherapy and chiropractic treatment for the lumbar spine were recommended.

The provider listed rationales for the following medications: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream. The provider also noted that the injured worker had failed to respond to a course of non-steroidal anti-inflammatory medication. Currently under review is the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, apply a thin layer to affected area three times a day for pain, quantity 180 grams and Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, apply a thin layer to affected area, three times a day for pain, quantity 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%, apply a thin layer to affected area three times a day for pain, quantity 180gm: 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 Topical Analgesics Page(s): 111- 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% contains one drug that is not recommended by the guidelines, and as such, the compound is not recommended. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. For these reasons, the requested treatment is not medically necessary.

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, apply a thin layer to affected area, three times a day for pain, quantity 180gm: 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 Topical Analgesics Page(s): 111- 113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines also state that topical Baclofen

(a muscle relaxant) is not recommended and that there is no evidence for use of any other muscle relaxant as a topical product. The request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% contains 2 drugs (or drug class) that are not recommended by the guidelines. Therefore, the requested treatment is not medically necessary.