

Case Number:	CM15-0117290		
Date Assigned:	06/25/2015	Date of Injury:	09/23/2008
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58-year-old female, who sustained an industrial injury on 9/23/08. The injured worker has complaints of low back pain radiating into left leg. The documentation noted that the injured worker has palpable muscle spasms and myofascial trigger points with twitch response and referral of pain. The injured worker has pain range of motion of the left knee. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral dis and sacroiliitis, not elsewhere classified. Treatment to date has included ibuprofen; Tramadol; Omeprazole; transdermal compounded pain cream; physical therapy; injections and home exercise program. The request was for flurbiprofen 20%/Lidocaine 5% menthol 5%/camphor 1% prescribed a 3-day supply from provider's office and prescribed a 28-day supply to a compounding pharmacy and Cyclobenzaprine 10% Gabapentin 5%/Lidocaine/capsaicin 0.025% prescribed a three-day supply from provider's office and prescribed a 28 day supply to compounding pharmacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Lidocaine 5% Menthol 5%/Camphor 1% prescribed a 3 day supply from provider's office and prescribed a 28 day supply to a compounding pharmacy:
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topical are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities or any evidence of further clinical reasoning for the request due to the illegibility of provided notes makes the requested treatment not medically necessary.

Cyclobenzaprine 10% Gabapentin 5%/Lidocaine/Capsaicin 0.025% prescribed a three day supply from providers office and prescribed a 28 day supply to compounding pharmacy:
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 MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers and Gabapentin are not recommended as topical products, and as these drugs not recommended by the MTUS, the request cannot be considered medically necessary at this time.