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| Case Number: | CM15-0118416 | | |
| Date Assigned: | 09/03/2015 | Date of Injury: | 12/06/2011 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 06/13/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 25 year old male with a date of injury as 12-06-2011. The worker was initially injured when he fell from a 12 foot ladder landing on the ground. The current diagnosis includes aftercare for surgery of the musculoskeletal system (lumbar spine). Previous treatments include medications, surgical intervention, epidural injections, acupuncture, physical therapy, TENS unit, lumbar hardware blocks, and home exercises. Report dated 05-21-2015 noted that the injured worker presented with complaints that included constant severe pain in the thoracic spine and lumbar spine. Pain level was not included. Physical examination revealed spasm and tenderness in the thoracic paraspinal muscles, spasm and tenderness in the lumbar paraspinal muscles, straight leg raise test was positive on the left, Kemp's and Yeoman's were positive bilaterally, decreased right patellar reflex, and bilateral Achilles reflex was decreased. Treatment plan included prescribing topical compound medications, counseled on the diagnosis, prognosis, and treatment plan, and taught a series of home exercises. Currently the injured worker was released to work with restrictions until 07-15-2015, but if the employer cannot accommodate restrictions the injured worker should continue disability. Disputed treatments include Lidocaine 6% Gabapentin 10% Ketoprofen 10% 180gm with 2 refills and Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5% 180gm with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6% Gabapentin 10% Ketoprofen 10% 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This medication is a compounded topical analgesic containing lidocaine, gabapentin, and ketoprofen. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Absorption of the drug depends on the base it is delivered in. Topical treatment can result in 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. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.

Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5% 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: This medication is a compounded topical analgesic containing flurbiprofen, cyclobenzaprine, baclofen, and lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of any muscle relaxant as a topical product. Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries.

There is no peer-reviewed literature to support the use of topical baclofen. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.