MAXIMUS Federal Services

Case Number:	CM15-0122165		
Date Assigned:	07/06/2015	Date of Injury:	05/21/2013
Decision Date:	08/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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
Certification(s)/Specialty: Pediatrics, 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 46 year old, male who sustained a work related injury on 5/21/13. He was working on a part when a pushcart rolled and hit him in the back. The diagnoses have included chronic pain syndrome, lumbar radiculopathy and post laminectomy syndrome. Treatments have included medications, TENS unit therapy, lumbar epidural steroid injections without benefit, lumbar spine surgery and physical therapy. In the Secondary Treating Physician Follow-Up Report dated 2/17/15, the injured worker complains of lower back pain with radiation of pain down his bilateral legs, right greater than left, associated with numbness and tingling. He describes the pain as dull, aching and sharp. He reports his pain level is 7/10. He has tenderness of lumbar paraspinal musculature and facets. Straight leg raise is positive with right leg. He is currently not working. The treatment plan includes a trial of Lyrica, continue with strengthening exercises and for more physical therapy. There is no notation of ordering the pain creams requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20% 150gram Cream (Flurbiprofen Powder 30g, Lidocaine 7.5g, Verapro Base Cream 112.5g) (DOS 02/20/2015): 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): 111-112.

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." With non-steroidal anti-inflammatories (NSAIDs), "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." Flurbiprofen is not FDA approved for use in a topical analgesic cream compound and topical Lidocaine is only FDA approved in Lidoderm patches. The requested treatment of a medicated cream consisting of a Flurbiprofen compound is not medically necessary.

Retrospective Gabapentin 10% 150gram Cream (Gabapentin Powder 15g, Amitriptyline 7.5g, Capcaicin 0.0375g, Versapro Base Cream 127.56g) (DOS 02/20/2015): Upheld

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

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

Decision rationale: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabapentin is not recommended for topical use and amitrptyline is not FDA approved for topical use. Since Gabapentin is not recommended in a topical analgesic cream, the requested treatment of a medicated cream consisting of a Gabapentin compound is not medically necessary.

Retrospective Cyclobenzaprine 10% 150gram Cream (Cyclobenzaprine Powder 15g, Lidocaine 3g, Versapro Base Cream 132g) (DOS 02/20/2015): 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: Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "There is no evidence for use of a muscle relaxant (Cyclobenzaprine) as a topical product." Thus, the requested treatment of Cyclobenzaprine compounded cream is not medically necessary.