MAXIMUS Federal Services

Case Number:	CM15-0122558		
Date Assigned:	08/18/2015	Date of Injury:	11/26/2009
Decision Date:	09/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/23/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female, who sustained an industrial injury on 11-26-2009. Diagnoses include status post anterior cervical discectomy and fusion (ACDF) C5-C7 with partial corpectomy, adjacent level disease advanced at C4-C5, probable left sided sacroiliitis and status post XLIF PSF L2-3 performed on 12-02-2014. Treatment to date has included surgical intervention (cervical discectomy and fusion, undated), modified work and medications. Per the Primary Treating Physician's Progress Report dated 5-14-2015, the injured worker reported progressively worsening neck pain. Her low back pain seems to be stable. Physical examination revealed notable tenderness and spasm in her cervical spine with limitation with lateral bending primarily of 25 degrees in each direction. She does have pain with rotation. Motor strength testing is intact although she does have hyperesthesias and irritation in the C5 distribution. The plan of care included physical therapy and compound topical medications. Authorization was requested for Flurbiprofen 20% + Lidocaine 5%, Gabapentin 10% + Amitriptyline 5% + Capsaicin 0.025% and Cyclobenzaprine 10% + lidocaine 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen 20% + Lidocaine 5% 150gm (Dispensed 5/14/15) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in November 2009 with treatments including cervical and lumbar spine fusion surgery. When seen, she was having worsening neck pain. Physical examination findings included decreased and painful range of motion with paraspinal muscle tenderness and spasms. She was not tolerating oral medications. Topical compounded medications were prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested medication was not medically necessary.

Retro Gabapentin 10% + Amitriptyline 5% + Capsaicin 0.025% 150gm (Dispensed 5/14/15) Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in November 2009 with treatments including cervical and lumbar spine fusion surgery. When seen, she was having worsening neck pain. Physical examination findings included decreased and painful range of motion with paraspinal muscle tenderness and spasms. She was not tolerating oral medications. Topical compounded medications were prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.

Retro Cyclobenzaprine 10% + Lidocaine 2% 150gm (Dispensed 5/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in November 2009 with treatments including cervical and lumbar spine fusion surgery. When seen, she was having worsening neck pain. Physical examination findings included decreased and painful range of motion with paraspinal muscle tenderness and spasms. She was not tolerating oral medications. Topical compounded medications were prescribed. In terms of topical treatments, cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.