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| Case Number: | CM15-0124829 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 02/21/2007 |
| Decision Date: | 08/10/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: California, Indiana, New York
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 (n) 32-year-old female, who sustained an industrial injury on 2/21/07. She reported pain in her back after a slip and fall accident. The injured worker was diagnosed as having cervical radiculopathy, thoracic sprain, lumbar radiculopathy and insomnia. Treatment to date has included a lumbar MRI on 2/2/13 showing a 3-4mm disc extrusion at T12-L1, a lumbar epidural injection on 4/11/15 at L5-S1, an EMG/NCV on 3/13/15 showing left tibial neuropathy, Motrin and Norco. As of the PR2 dated 4/6/15, the injured worker reports pain in her neck, mid back and lower back. She rates her neck pain a 4/10 without medications and a 2/10 with medications and her mid back and lower back pain is a 7-8/10 without medications and a 6/10 with medications. Objective findings included decreased range of motion in the cervical, thoracic and lumbar spine, a positive straight leg raise test bilaterally at 45 degrees and tenderness and spasms. The treating physician requested Compounded (CMPD) Gabapentin/Amitriptyline/Dextromethorphan/Versapro, quantity: 180 and Compounded (CMPD) Versapro/Flurbiprofen/Cyclobenzaprine, quantity: 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded (CMPD) Gabapentin/Amitriptyline/Dextromethorphan/Versapro, quantity: 180: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound (CMPD) gabapentin, amitriptyline, dextromethorphan, and versapro cream#180 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical spine sprain strain; cephalgia; thoracic spine sprain strain; lumbar radiculopathy; lumbar spine sprain strain; insomnia and anxiety. The date of injury is February 21, 2007. The request for authorization is dated June 5, 2015. The earliest progress note in the medical record indicating topical compound creams are utilized is dated January 26, 2015. There are no specific compounds named within the topical compound analgesic. In a progress note dated March 13, 2015, the topical compound in issue is noted in the treatment plan. The anatomical location for its application is not documented in the record. The documentation does not demonstrate objective functional improvement. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, compound gabapentin, amitriptyline, dextromethorphan, and versapro cream is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, compound (CMPD) gabapentin, amitriptyline, dextromethorphan, and versapro cream #180 is not medically necessary.

Compounded (CMPD) Versapro/Flurbiprofen/Cyclobenzaprine, quantity: 180: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound (CMPD) versapro, flurbiprofen, and cyclobenzaprine #180 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than

Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical radiculopathy; cervical spine sprain strain; cephalgia; thoracic spine sprain strain; lumbar radiculopathy; lumbar spine sprain strain; insomnia and anxiety. The date of injury is February 21, 2007. The request for authorization is dated June 5, 2015. The earliest progress note in the medical record indicating topical compound creams are utilized is dated January 26, 2015. There are no specific compounds named within the topical compound analgesic. In a progress note dated March 13, 2015, the topical compound in issue is noted in the treatment plan. The anatomical location for its application is not documented in the record. The documentation does not demonstrate objective functional improvement. Topical Flurbiprofen is not FDA approved for topical use. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical cyclobenzaprine and Flurbiprofen) that is not recommended is not recommended. Consequently, compound versapro, Flurbiprofen, and cyclobenzaprine is not recommended. Based on the pinnacle information in the medical record and the peer-reviewed evidence-based guidelines, compound (CMPD) versapro, Flurbiprofen, and cyclobenzaprine is not medically necessary.