

Case Number:	CM15-0124908		
Date Assigned:	07/16/2015	Date of Injury:	02/18/2013
Decision Date:	09/10/2015	UR Denial Date:	06/03/2015
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: Arizona, Michigan

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, male who sustained a work related injury on 2/18/13. The diagnoses have included neck pain, cervical radiculopathy and chronic pain syndrome. Treatments have included medications, physical therapy and acupuncture. In the PR-2 dated 4/16/15, the injured worker states acupuncture is still helpful. The provider notes physical examination is unchanged. He is not working. The treatment plan includes creams and a follow-up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen/Lidocaine (DOS 04/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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." 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." There is no documented use of Flurbiprofen in a topical analgesic cream compound. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Since there is insufficient documentation that he has peripheral pain and the medications of Flurbiprofen and Lidocaine are not recommended for topical use, the requested treatment of a medicated cream consisting of a Flurbiprofen and Lidocaine compound is not medically necessary.

Retro Gabapentin/Amitriptyline/Capsaicin (DOS 04/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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." In this case, there is no documentation that this patient has tried taking antidepressants and/or anticonvulsants for neuropathic pain. Gabapentin is not recommended in topical form. "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." "There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." There is no information on the use of Amitriptyline in a medicated cream compound. Since all three of the medications in this compounded cream are not recommended for topical use, the requested treatment of Gabapentin, Amitriptyline and Capsaicin compounded cream is not medically necessary.

Retro Cyclobenzaprine/Lidocaine (DOS 04/06/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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 any other muscle relaxant (Cyclobenzaprine) as a topical product." Additionally, the guidelines do not recommend use of topical lidocaine, as there have been reports of toxicity. In this case, there is no documentation that this injured worker has neuropathic pain. These medications are not recommended for topical use. Thus, the requested treatment of Cyclobenzaprine and Lidocaine compounded cream is not medically necessary.