

Case Number:	CM15-0128603		
Date Assigned:	07/15/2015	Date of Injury:	12/20/2001
Decision Date:	08/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/02/2015

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 71 year old female, who sustained an industrial injury on December 20, 2001. The injured worker was diagnosed as having lumbar stenosis, spondylolisthesis and radiculopathy. Treatment to date has included medication. A progress note dated May 28, 2015 provides the injured worker complains of neck pain rated 5/10, shoulder pain rated 6/10, wrist pain rated 5/10, abdominal pain rated 5/10, right knee pain and aching and burning head pain. Physical exam notes lumbar spasm and positive straight leg raise and decreased range of motion (ROM). The plan includes topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%/Diclofenac 10%/Gabapentin 10%/Lidocaine 5% cream: Upheld

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

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, Flurbiprofen 10%, diclofenac 10%, gabapentin 10%, lidocaine 5% cream 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. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured workers working diagnoses are lumbar stenosis with a 10 - 12 mm spondylolisthesis at L4 - L5; and L4 - L5 radiculopathy. Date of injury is December 20, 2001. Request for authorization is June 18, 2015. According to a progress note by the requesting provider dated May 28, 2015, the injured worker has multiple complaints including shoulder, wrist and knee pain. There are no current medications listed in the medical record. The treatment plan consisted of topical compound medication. The specific location for application was not provided in the medical record. Topical gabapentin is not recommended. Lidocaine in non-Lidoderm form is not recommended. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (topical gabapentin, lidocaine and Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 10%, diclofenac 10%, gabapentin 10%, lidocaine 5% cream is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 10%, diclofenac 10%, gabapentin 10%, lidocaine 5% cream is not medically necessary.

Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375% cream: Upheld

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

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, Flurbiprofen 20%, baclofen 10%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaicin 0.0375% cream 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 workers working diagnoses are lumbar stenosis with a 10 - 12 mm spondylolisthesis at L4 - L5; and L4 - L5 radiculopathy. Date of injury is December 20, 2001. Request for authorization is June 18, 2015. According to a progress note by the requesting provider dated May 28, 2015, the injured worker has multiple complaints including shoulder,

wrist and knee pain. There are no current medications listed in the medical record. The treatment plan consisted of topical compound medication. The specific location for application was not provided in the medical record. Topical baclofen is not recommended. Flurbiprofen is not FDA approved for topical use. Capsaisin 0.0375% is not recommended. Any compounded product that contains at least one drug (topical baclofen, Flurbiprofen and Capsaisin 0.0375%) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, baclofen 10%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaisin 0.0375% cream is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, baclofen 10%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaisin 0.0375% cream is not medically necessary.