

Case Number:	CM15-0128989		
Date Assigned:	07/15/2015	Date of Injury:	02/03/2006
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
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: 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 52 year old male, who sustained an industrial injury on 2/3/06. He has reported initial complaints of a back injury. The diagnoses have included lumbar strain/sprain and radicular syndrome, lumbago, and lumbar spine disc displacement. Treatment to date has included medications, activity modifications, diagnostics, and other modalities. Currently, as per the physician progress note dated 4/2/15, the injured worker complains of burning radicular low back pain and muscle spasms rated 6/20 on pain scale. It is associated with radiating pain and numbness and tingling to the right lower extremity (RLE). The injured worker report that the back symptoms persist but that the pain is relieved with medications and he is able to sleep better. The physical exam reveals that he is able to heel toe walk but with pain in the low back and down the right leg. There is lumbar tenderness with muscle guarding. There is decreased lumbar range of motion and decreased sensation in the right lower extremity (RLE). The current medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine and Gabapentin. There is no previous urine drug screen noted in the records. The physician requested treatments included Retrospective Gabapentin 10%, Amitriptyline 10%, Dextromethrophan 10%, Microderm Base cream quantity unspecified DOS 4-16-15 and Retrospective Dexamethasone 0.2%, Menthol 2%, Camphor 2%, Baclofen 5%, Flurbiprofen 20%, microderm base cream, quantity unspecified, DOS 4-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 10%, Amitriptyline 10%, Dextromethorphan 10%, Microderm Base cream quantity unspecified DOS 4-16-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for radiating low back pain. When seen, he was having muscle spasms and moderate to severe pain. There was paraspinal muscle tenderness with guarding and right posterior superior iliac spine tenderness. There was decreased lumbar tom with decreased lower extremity strength and sensation. 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 Dextromethorphan and 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 is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.

Retrospective Dexamethasone 0.2%, Menthol 2%, Camphor 2%, Baclofen 5%, Flurbiprofen 20%, microderm base cream, quantity unspecified, DOS 4-16-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for radiating low back pain. When seen, he was having muscle spasms and moderate to severe pain. There was paraspinal muscle tenderness with guarding and right posterior superior iliac spine tenderness. There was decreased lumbar tom with decreased lower extremity strength and sensation. 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. Baclofen 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 is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.