

Case Number:	CM15-0171412		
Date Assigned:	09/18/2015	Date of Injury:	02/01/2010
Decision Date:	10/20/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/31/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 41-year-old female injured worker suffered an industrial injury on 2-1-2010. The diagnoses included chronic pain, right lower extremity neuropathy, mild tenosynovitis of the right ankle, and lumbar sprain-strain. On 6-5-2015, the treating provider reported a medical re-evaluation from exam dated of 4-24-2015. There was on and off sharp pain in the right ankle rated as 9 out of 10 radiated to the right heel, which was rated as moderate to occasionally severe and to the right leg up to the low back, which was rated as moderate to occasionally severe. The right knee had worsening of pain and clicking rated pain 7 out of 10. The low back was worsening pain rated 7 out of 10 with radiating, numbness and tingling going down to the right ankle. She reported the pain was well controlled with Norco. On exam there was tenderness with spasms to the right gluteal muscle and bilateral sacroiliac joints and limited range of motion. The right ankle had tenderness with a splint. Prior treatments included Naproxen and home exercise. The Utilization Review on 8-5-2015 determined non-certification for CMPD Flurbiprof/ Cyclobenz/Hyaluronic/Versapro day supply; 30, qty; 180 refills 00, Rx date 7/27/15 and CMPD-Capsaicin/Flurbipro/Gabapentin/Menthol C/Camphor day supply 30, qty 180; refills; 00 Rx date 7/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Flurbipro/Cyclobenz/Hyalurona/Versapro day supply; 30, qty; 180 refills 00, Rx date 7/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients(cyclobenzaprine) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

CMPD-Capsaicin/Flurbipro/Gabapenti/MenthoC/Camph day supply 30, qty 180; refills; 00 Rx date 7/27/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.