MAXIMUS Federal Services

Case Number:	CM15-0171585		
Date Assigned:	09/11/2015	Date of Injury:	06/03/2004
Decision Date:	12/07/2015	UR Denial Date:	08/28/2015
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: 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 57 year old male, who sustained an industrial injury on June 3, 2004. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having chronic lower back pain, paresthesias and status post left L4-L5 transforaminal injection to the back. Treatment to date has included diagnostic studies, home exercise, chiropractic treatment, injection and medication. On May 7, 2015, the injured worker reported his pain to be about 10-15% better. He stated that his pain creams helped 30-40% to decrease the Norco from up to four times a day down to twice a day. The treatment plan included Aleve medication, continue with conservative treatment, urine testing, Norco, Flexeril, Prilosec, Neurontin pain cream, ibuprofen pain cream and Lunesta. On August 28, 2015, utilization review denied a retrospective request for Flurbiprofen 20% 30 gram cream, Gabapentin 10% 30 gram cream, Cyclobenzaprine 10% 30 gram cream and Tramadol 20% 30 gram cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 8/6/15 Flurbiprofen 20% 30gram cream: 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: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Flurbiprofen is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro DOS: 8/6/15 Flurbiprofen 20% 30gram cream is not medically necessary.

Retro DOS: 8/6/15 Gabapentin 10% 30 gram cream: 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: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS states that the use of topical Gabapentin is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro DOS: 8/6/15 Gabapentin 10% 30gram cream is not medically necessary by MTUS.

Retro DOS: 8/6/15 Cyclobenzaprine 10% 30gram cream: 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: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. MTUS does not recommend the use of muscle relaxants as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retro DOS: 8/6/15 Cyclobenzaprine 10% 30gram cream is not medically necessary.

Retro DOS: 8/6/15 Tramadol 20% 30gram cream: 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: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Furthermore, Tramadol is not FDA approved for topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Prospective request Retro DOS: 8/6/15 Tramadol 20% 30gram cream is not medically necessary by MTUS.