

Case Number:	CM15-0174741		
Date Assigned:	09/16/2015	Date of Injury:	09/06/2010
Decision Date:	10/22/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 09-06-2010. Current diagnosis includes lumbar sprain-strain. Report dated 06-18-2015 noted that the injured worker presented for an initial evaluation with complaints of continuous low back pain with pain radiating into the bilateral lower extremity with associated numbness, tingling, weakness, and burning sensation. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination performed on 06-18-2015 revealed a mild antalgic gait, mild limp, decreased lumbar spine range of motion, tenderness to palpation of the lumbar paravertebral muscles, muscle spasm, and straight leg raise is positive. Previous treatments included medications, physical therapy, and 2 lumbar epidural steroid injections. The treatment plan included requests for toxicology testing, MRI of the lumbar spine due to worsening symptoms, EMG-NCV bilateral lower extremities, prescribed medications that included compounded creams, gabapentin, cyclobenzaprine, and Tramadol ER, request for blood work and chiropractic therapy, and follow up with an ortho surgeon. The injured worker was placed on temporary total disability. Request for authorization dated 06-18-2015, included requests for HMPHCC2 - Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic Acid, Base, #240/30 and HNPC1 - Amitriptyline, Gabapentin, Bupivacaine, Hyaluronic Acid, Base, #240/30, cyclobenzaprine, gabapentin, Tramadol ER, chiropractic therapy, MRI of the lumbar spine, EMG-NCV bilateral lower extremities, all medical records related to the industrial injury, toxicology testing, and blood work. The utilization review dated 08-06-2015, non-certified the request for HMPHCC2 - Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic Acid, Base, #240/30 and HNPC1 - Amitriptyline, Gabapentin, Bupivacaine, Hyaluronic Acid, Base, #240/30.

IMR ISSUES, DECISIONS AND RATIONALES

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

HMPHCC2 - Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic Acid, Base; #240/30: 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: Based on the 6/1/15 progress report provided by the treating physician, this patient presents with low back pain rated 7/10, bilateral leg pain rated 7/10, and neck pain rated 7/10. The treater has asked for HMPHCC2 - Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone, Capsaicin, Hyaluronic Acid, Base; #240/30 on 6/18/15. The request for authorization was not included in provided reports. The patient is s/p X-rays, MRI studies, EMG/NCV studies, physical therapy, 2 epidural steroid injection 2 years ago with partial pain relief per 6/18/15 report. The patient denies undergoing any prior surgeries per 6/18/15 report. The patient is taking Norco, Tramadol, Tizanidine, and Ambien, which are helping per 4/27/15 report. The patient's work status is "currently working for his pre-injury employer" per 6/18/15 report. MTUS, Topical Analgesics section, pg. 111: 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 anti-depressants and anti-convulsants 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, anti-depressants, 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. MTUS, Topical Analgesics section, pg. 113: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The treater does not discuss this request in the reports provided. However, in requesting 6/18/15 report, the treater denotes next to the description of medication the phrase: "neuropathic pain." MTUS specifically states that muscle relaxants such as Baclofen are not recommended and this ingredient has not been tested for transdermal use with any efficacy. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Topical Baclofen is not indicated per MTUS guidelines; therefore, the entire compounded topical cream is also not indicated for use. The request is not medically necessary.

HNPC1 - Amitriptyline, Gabapentin, Bupivacaine, Hyaluronic Acid, Base; #240/30: 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: Based on the 6/1/15 progress report provided by the treating physician, this patient presents with low back pain rated 7/10, bilateral leg pain rated 7/10, and neck pain rated 7/10. The treater has asked for HNPC1 - Amitriptyline, Gabapentin, Bupivacaine, Hyaluronic Acid, Base; #240/30 on 6/18/15. The request for authorization was not included in provided reports. The patient is s/p X-rays, MRI studies, EMG/NCV studies, physical therapy, 2 epidural steroid injection 2 years ago with partial pain relief per 6/18/15 report. The patient denies undergoing any prior surgeries per 6/18/15 report. The patient is taking Norco, Tramadol, Tizanidine, and Ambien, which are helping per 4/27/15 report. The patient's work status is "currently working for his pre-injury employer" per 6/18/15 report. MTUS, Topical Analgesics section, pg. 111: 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 anti-depressants and anti-convulsants 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. MTUS, Topical Analgesics, pg. 113: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. The treater does not discuss this request in the reports provided. MTUS specifically states that anti-depressants such as Amitriptyline are not recommended and this ingredient has not been tested for transdermal use with any efficacy. The requested compounded cream also contains Gabapentin, which is not indicated by guidelines. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Neither Amitriptyline nor Gabapentin are indicated for topical cream. The requested compounded cream is not medically necessary.