

Case Number:	CM15-0177449		
Date Assigned:	09/18/2015	Date of Injury:	11/22/2011
Decision Date:	10/20/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/09/2015

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: Arizona, California
 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 injured worker is a 46 year old male, who sustained an industrial injury on 11-22-2011. Medical records indicated that the injured worker is undergoing treatment for cervical disc protrusion, cervical radiculopathy, lumbar sprain-strain, lumbar disc protrusion, and lumbar radiculopathy. Treatment and diagnostics to date has included cervical spine MRI, lumbar spine MRI, urine drug screen, acupuncture, physical therapy, and medications. Medications have included Ibuprofen, Norco, Cyclobenzaprine, and Terocin patch. In a progress note dated 04-22-2015, the injured worker reported constant neck pain rated 7 out of 10 which radiates to the upper extremities and constant low back pain radiating to the bilateral lower extremities with numbness and tingling rated 9 out of 10. Objective findings included decreased cervical and lumbar range of motion. The request for authorization dated 07-11-2015 requested a follow up visit, oral medications, and topical medications. The Utilization Review with a decision date of 08-27-2015 non-certified the request for topical compound creams Flurbiprofen-Lidocaine-PCCA-Lidoderm base-Amitriptyline and Gabapentin-Cyclobenzaprine-PCCA-Lidoderm base-Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurbiprofen, Lidocaine, PCCA Lidoderm Base, Amitriptyline Hydrochloride:
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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. The claimant was also given other topical analgesics as noted below and use of multiple topical is not supported by the guidelines. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was also on other oral analgesics and topical medications. The claimant was not diagnosed with arthritis. Topical Lidocaine is intended for neuropathy related to diabetes or zoster. The topical Flurbiprofen, Lidocaine, PCCA Lidoderm Base, Amitriptyline Hydrochloride is not medically necessary.

Compound: Gabapentin, Cyclobenzaprine Hydrochloride, PCCA Lidoderm base, Tramadol Hydrochloride: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Topical muscle relaxants such as Cyclobenzaprine as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was also given other topical analgesics as noted above and use of multiple topical is not supported by the guidelines. The claimant was already on oral Cyclobenzaprine and Gabapentin. Since the compound above contains these topical medications, the Gabapentin, Cyclobenzaprine Hydrochloride, PCCA Lidoderm base, Tramadol Hydrochloride is not medically necessary.