

Case Number:	CM15-0178075		
Date Assigned:	09/14/2015	Date of Injury:	04/17/2014
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
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: 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 60 year old male, who sustained an industrial injury on 4-17-2014. Diagnoses include back pain. Treatment to date has included medications. Medications as of 8-04-2015 include Ultram, Voltaren, omeprazole and topical compound medications. Per the Primary Treating Physician's Progress Report dated 8-04-2015, documentation states that "the injured worker's condition has remained unchanged since the last visit." A request was sent for a bilateral rhizotomy. Objective findings are documented as "no change from previous visit." The plan of care included oral and topical medications. Authorization was requested on 8-04-2015 for Flurbiprofen 20%-Lidocaine 5%- 150gm and Gabapentin 10%-Amitriptyline 5%-Capsaicin 0.025% 150gm. On 8-17-2015, Utilization Review non-certified the request for Flurbiprofen 20%-Lidocaine 5%- 150gm and Gabapentin 10%-Amitriptyline 5%-Capsaicin 0.025% 150gm citing lack of documented medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Lidocaine 5% x 150 g: 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 claimant sustained a work injury in April 2014 and continues to be treated for back pain. When seen, radiofrequency ablation treatment was requested. Ultram, Voltaren, omeprazole, and topical compounded medications were being prescribed. Physical examination findings were unchanged. 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. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac and oral diclofenac is also being prescribed which is duplicative. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested medication was not medically necessary.

Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% x 150 g: 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 claimant sustained a work injury in April 2014 and continues to be treated for back pain. When seen, radiofrequency ablation treatment was requested. Ultram, Voltaren, omeprazole, and topical compounded medications were being prescribed. Physical examination findings were unchanged. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic 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 would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.