

Case Number:	CM15-0179606		
Date Assigned:	09/21/2015	Date of Injury:	06/11/2014
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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 30-year-old female who sustained an industrial injury on 6-11-14 from a fall causing her to land on her left side resulting in injury to the left upper extremity, neck and back. She is currently not working. Diagnoses included chronic pain; displacement of the cervical spine; cervical radiculopathy; lumbar radiculitis. She currently (8-4-15) complains of constant neck pain radiating down left upper extremity, bilateral shoulders to the forearms with numbness and is associated with left sided occipital and migraine headaches; constant low back pain radiating down the left lower extremity with numbness. She experiences sleep difficulties. Her pain level is 5 out of 10 with medication and 9 out of 10 without medication. She has activities of daily living limitations in the areas of self-care and hygiene, activity, sleep. On physical exam of the cervical spine there was tenderness on palpation bilaterally, limited range of motion and pain, decreased touch sensation; lumbar spine exam revealed tenderness on palpation at L4-S1 levels, limited range of motion due to pain. Diagnostics include MRI of the cervical spine (4-9-15) showing 1-millimeter disc protrusions at C5-6 and C6-7; MRI of the left shoulder (11-16-14) showing mild supraspinatus tendinopathy; electromyography-nerve conduction study of the lower extremities (11-14-14) with normal results. Treatments to date include medications with temporary benefit and include Relafen, Prevacid, ondansetron, Cyclobenzaprine, Tramadol, Lunesta, Tylenol #4, sumatriptan, Cymbalta, Norco, mentherm gel; physical therapy with limited benefit; chiropractic treatment with limited benefit; cervical epidural steroid injection left C5-7 (6-9-15) with no (less than 5%) overall improvement and worsening pain. The request for authorization was not present. On 8-28-15 utilization review

evaluated and non-certified the requests for flurbiprofen 10%, capsaicin 0.025% cream 120; Lidocaine 5%, Gabapentin gel 10% cream 60 based on non-recommendation of guidelines of compounded topical analgesics that contain at least one drug or drug class that is not recommended. In addition, it does not indicate where the medication is to be applied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Capsaicin 0.025% cream Qty: 120: 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 June 2014 as the result of a fall when she entered a production area, which was dirty and greasy. She continues to be treated for radiating neck and radiating low back pain and headaches. When seen, her BMI was 29. There was decreased and painful cervical and lumbar spine range of motion with muscle tenderness and spasms. Cervical axial compression and seated straight leg raising were positive. Oral medications being prescribed include fenoprofen. Being requested is authorization for topical compounded creams. MTUS addresses the use of capsaicin, which is recommended as an option in patients who have not responded or are intolerant to other treatments. It is indicated in patients with conditions that include osteoarthritis, fibromyalgia, and chronic non-specific back pain. 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. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the 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. Oral fenoprofen is being prescribed and the prescribing another NSAID medication is duplicative. The requested compounded medication is not considered medically necessary.

Lidocaine 5%, Gabapentin gel 10% cream Qty: 60: 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 June 2014 as the result of a fall when she entered a production area, which was dirty and greasy. She continues to be treated for radiating neck and radiating low back pain and headaches. When seen, her BMI was 29. There

was decreased and painful cervical and lumbar spine range of motion with muscle tenderness and spasms. Cervical axial compression and seated straight leg raising were positive. Oral medications being prescribed include fenoprofen. Being requested is authorization for topical compounded creams. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. 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 is not considered medically necessary.