MAXIMUS Federal Services

Case Number:	CM15-0027446		
Date Assigned:	02/20/2015	Date of Injury:	10/31/2013
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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 45 year old female, who sustained an industrial injury on 10/31/13. The diagnoses have included lumbar radiculoapthy, lumbar disc protrusion and lumbar facet syndrome. Treatment to date has included medications, diagnostics, conservative measures, physical therapy, chiropractic and Home Exercise Program (HEP). Currently, the injured worker complains of low back pain radiating to bilateral extremities with numbness and tingling in bilateral legs. The pain is rated 7/10 without medications and 2/10 with medications. The use of topical creams and patches help decrease the pain and use of oral medications and allow him to sleep longer. Physical exam revealed tenderness over the lumbar spine, spasms and decreased range of motion. There were no recent diagnostics noted and no therapy sessions noted. There was no urine drug screen report documented. On 1/16/15 Utilization Review non-certified a request for Panthenol Powder 0.5% Dexamethasone 2% Baclofen Powder 10% Flurbiprofen 20% Mediderm Cream Base 210 gm #1 and Panthenol Powder 0.5% Bupivaccaine HCL Powder 5% Gabapentin 10% Amitriptyline HCL Powder 10% Mediderm Cream Base 210 gm #1, noting that regarding the Panthenol Powder 0.5% Dexamethasone 2% Baclofen Powder 10% Flurbiprofen 20% Mediderm Cream Base 210 gm #1, the injured worker is taking Naproxen, and concurrent with the use of a topical prescription Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) would significantly increase the adverse effect profile. Regarding the Panthenol Powder 0.5% Bupivaccaine HCL Powder 5% Gabapentin 10% Amitriptyline HCL Powder 10% Mediderm Cream Base 210 gm #1, guidelines support the topical use of Lidocaine in the form of Lidoderm, but do not support any other topical anasthetics such as Bupivacaine. The (MTUS)

Medical Treatment Utilization Schedule, Official Disability Guidelines (ODG) and (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panthenol Powder 0.5% Dexamethasone 2% Baclofen Powder 10% Flurbiprofen 20% Mediderm Cream Base 210 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Topical Analgesics and on the Food and Drug Administration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with occasional low back pain, radiating to the left lower extremity with numbness and tingling. The current request is for panthenol powder .05%, dexamethasone 2%, baclofen power 10%, flurbiprofen 20% mediderm cream base 210GM #1. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. For Flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical NSAID as he does not present with osteoarthritis or tendinitis symptoms but suffers from back pain; therefore rendering the entire compound cream invalid. This topical compound medication IS NOT medically necessary.

Panthenol Powder 0.5% Bupivaccaine HCL Powder 5% Gabapentin 10% Amitriptyline HCL Powder 10% Mediderm Cream Base 210 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Topical Analgesics and on the Food and Drug Administration.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with occasional low back pain, radiating to the left lower extremity with numbness and tingling. The current request is for panthenol powder .05%, bupiraccaine hcl powder 5%, gabapentin 10%, amitriptyline hcl powder 10% mediderm cream base 210gm #1. the current request is for flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5%- 180gm w/2 refills. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control

trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. In this case, Gabapentin is not recommendation in any topical formulation, rendering the entire compound cream invalid. This topical compound medication IS NOT medically necessary.