

Case Number:	CM15-0074913		
Date Assigned:	04/24/2015	Date of Injury:	03/08/2012
Decision Date:	05/27/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, 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:

This is a 40 year old male patient who sustained an industrial injury on March 8, 2012. The diagnoses include lumbar spine herniated nucleus pulposus at L2-S1, status post lumbar interlaminar laminectomy at the left L3 through S1, bilateral lower extremity radiculopathy, cervical spine sprain/strain with bilateral upper extremity radicular pain, and thoracic spine sprain/strain. Per the doctor's note dated 3/9/2015, he had complaints of low back pain with radiation to the right lower extremity with tingling and numbness; bilateral hand/wrist pain; anxiety, depression and insomnia. The physical examination revealed limited range of motion of the lumbar spine with a positive straight leg raise on the right; muscle weakness and sensory deficits in the right lower extremity. The current medications list includes tylenol #4, ibuprofen, omeprazole, topical analgesic medications. He has had EMG/NCS dated 12/5/2012 which revealed radiculopathy at bilateral L4-5. He has undergone lumbar spine surgery on 1/2/2013. He has had physical therapy, chiropractic care, TENS, lumbar epidural injections and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound medication (Gabapentin, Cyclobenzaprine, Capsaicin, Ethoxy, Pentravan) 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Request: 1 compound medication (Gabapentin, Cyclobenzaprine, Capsaicin, Ethoxy, Pentravan) 120 grams. Cyclobenzaprine is a muscle relaxant and gabapentin is anti-convulsant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (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. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine and gabapentin are not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of 1 compound medication (Gabapentin, Cyclobenzaprine, Capsaicin, Ethoxy, Pentravan) 120 grams is not fully established for this patient. Therefore, the request is not medically necessary.

1 Compound Medication (Ketamine, Ketoprofen, Ethoxy Li, Pentravan) 120 grams:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Request: 1 Compound Medication (Ketamine, Ketoprofen, Ethoxy Li, Pentravan) 120 grams. Ketoprofen is an NSAID. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (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. Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen and ketamine are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of 1 Compound Medication (Ketamine, Ketoprofen, Ethoxy Li, Pentravan) 120 grams is not established for this patient. Therefore, the request is not medically necessary.

1 Compound Medication (Flurbiprofen, Ethoxy Li, Pentravan) 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Request: 1 Compound Medication (Flurbiprofen, Ethoxy Li, Pentravan) 120 grams. Flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (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. Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of 1 Compound Medication (Flurbiprofen, Ethoxy Li, Pentravan) 120 grams is not fully established for this patient. Therefore, the request is not medically necessary.