

Case Number:	CM15-0075963		
Date Assigned:	05/29/2015	Date of Injury:	02/19/2004
Decision Date:	06/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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: Emergency Medicine

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 (IW) is a 72-year-old male who sustained an industrial injury to the neck, left shoulder and lumbar spine on 02/19/2004. Diagnoses include status post laminectomy and interbody fusion at L3-4 and L4-5. Treatment to date has included medications, activity modification, spinal fusion and TENS unit. According to the PR2 dated 2/25/15, the IW reported aching pain in the low back. He controls the pain with three Norco and three Tramadol per day. Cold weather, prolonged walking and standing and repetitive bending produce discomfort. Leg pain is minimal. He uses the transdermal creams. On examination, range of motion of the lumbar spine was limited. There was tenderness to the midline lumbar spine and to the lumbar paraspinal muscles. Sensation was intact and motor exam was essentially normal. Deep tendon reflexes at the knee and ankle were normal bilaterally. A request was made for one prescription of topical compounded Gabapentin 10%, Cyclobenzaprine 4%, Ketoprofen 10%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, 240 Gms as a neuropathic pain cream to be applied as directed to the affected area and one prescription of Prilosec 20mg, #60 for stomach upset due to Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Topical Compounded Gabapentin 10% - Cyclobenzaprine 4% - Ketoprofen 10% - Capsaicin .0375% - Ment: 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: The requested 1 Prescription of Topical Compounded Gabapentin 10%; Cyclobenzaprine 4%; Ketoprofen 10%; Capsaicin .0375%; Ment, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain in the low back. He controls the pain with three Norco and three Tramadol per day. Cold weather, prolonged walking and standing and repetitive bending produce discomfort. Leg pain is minimal. He uses the transdermal creams. On examination, range of motion of the lumbar spine was limited. There was tenderness to the midline lumbar spine and to the lumbar paraspinal muscles. Sensation was intact and motor exam was essentially normal. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 1 Prescription Of Topical Compounded Gabapentin 10%; Cyclobenzaprine 4%; Ketoprofen 10%; Capsaicin .0375%; Ment is not medically necessary.

Prescription of Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The requested 1 Prescription of Topical Compounded Gabapentin 10%; Cyclobenzaprine 4%; Ketoprofen 10%; Capsaicin .0375%; Ment, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has pain in the low back. He controls the pain with three Norco and three Tramadol per day. Cold weather, prolonged walking and standing and repetitive bending produce discomfort. Leg pain is minimal. He uses the transdermal creams. On examination, range of motion of the lumbar spine was limited. There was tenderness to the midline lumbar spine and to the lumbar paraspinal muscles. Sensation was intact and motor exam was essentially normal. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has documented medication-induced GI complaints, but not objective evidence of

derived functional improvement, nor the medical necessity for dosage beyond 20 mg per day. The criteria noted above not having been met, 1 Prescription Of Topical Compounded Gabapentin 10%; Cyclobenzaprine 4%; Ketoprofen 10%; Capsaicin .0375%; Ment is not medically necessary.