MAXIMUS Federal Services

Case Number:	CM15-0078261		
Date Assigned:	04/29/2015	Date of Injury:	06/03/2013
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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 56 year old male, who sustained an industrial injury on 06/03/2013. He reported leg numbness and pain in his lower back. The injured worker is currently diagnosed as having lumbar sprain/strain, lumbar radiculopathy, myalgia, right ankle sprain/strain, and insomnia. Treatment and diagnostics to date has included lumbar epidural steroid injection, physical therapy, acupuncture, lumbar spine MRI, and medications. In a progress note dated 03/27/2015, the injured worker presented with complaints of low back pain. The treating physician reported requesting authorization for two compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone Micro 2% Capsaicin 0.025%/Hyaluronic acid 0.2% cream base 240 gram apply 2-3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 13 & 111-113.

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

Decision rationale: The patient presents with low back pain radiating to lower extremities and right ankle pain rated 5/10 on VAS. The request is for retro Flurbiprofen 20% Camphor 2% Menthol 2% Dexamethasone micro 2% Capsaicin 0.025% hyaluronic acid 0.2% cream base 240 gram apply 2-3 times daily. The request for authorization is not provided. MRI of the lumbar spine, 11/11/14, shows mild-to-moderate facet arthropathy at L4-5, mild right greater than left lateral recess stenosis due to 3-4mm right greater than left posterolateral disc protrusion and mild bilateral ligamentous thickening/facet arthropathy at L3-4, and 3-4mm posterior disc protrusion at L2-3 with mild bilateral facet prominence resulting in mild bilateral stenosis of the lateral recesses. EMG/NCV study, 11/05/14, shows left L5 and bilateral S1 radiculopathy. Physical examination of the lumbar spine reveals tenderness and myospasm palpable over bilateral paralumbar muscles and the sciatic notches. Circumscribed trigger points with positive taut bands, twitched response, positive jump sign with pressure over bilateral paralumbar muscles are also noted. Straight leg raise and Braggard's tests are bilaterally positive. Decreased lumbar range of motion in all planes due to end range back pain. Examination of the knee reveals mild tenderness to palpation in the right knee. Trigger point injections, 03/18/15, the patient reported good pain relief of 50% and had increased range of motion. LESI, 03/2014, improved pain by 50% for 1 day. Previous conservative treatments include physical therapy, chiropractic and acupuncture. Patient's medications include Anaprox, Cyclobenzaprine and Omeprazole. Per progress report dated 03/04/15, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Therefore, the request IS NOT medically necessary.

Retro Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% cream base 240 gram apply 2-3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 13 & 111-113.

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

Decision rationale: The patient presents with low back pain radiating to lower extremities and right ankle pain rated 5/10 on VAS. The request is for retro Amitriptyline hcl 10% Gabapentin 10% Bupivacaine HCL 5% hyaluronic acid 0.2% cream base 240 gram apply 2-3 times daily.

The request for authorization is not provided. MRI of the lumbar spine, 11/11/14, shows mild-to-moderate facet arthropathy at L4-5, mild right greater than left lateral recess stenosis due to 3-4mm right greater than left posterolateral disc protrusion and mild bilateral ligamentous thickening/facet arthropathy at L3-4, and 3-4mm posterior disc protrusion at L2-3 with mild bilateral facet prominence resulting in mild bilateral stenosis of the lateral recesses. EMG/NCV study, 11/05/14, shows left L5 and bilateral S1 radiculopathy. Physical examination of the lumbar spine reveals tenderness and myospasm palpable over bilateral paralumbar muscles and the sciatic notches. Circumscribed trigger points with positive taut bands, twitched response, positive jump sign with pressure over bilateral paralumbar muscles are also noted. Straight leg raise and Braggard's tests are bilaterally positive. Decreased lumbar range of motion in all planes due to end range back pain. Examination of the knee reveals mild tenderness to palpation in the right knee. Trigger point injections, 03/18/15, the patient reported good pain relief of 50% and had increased range of motion. LESI, 03/2014, improved pain by 50% for 1 day. Previous conservative treatments include physical therapy, chiropractic and acupuncture. Patient's medications include Anaprox, Cyclobenzaprine and Omeprazole. Per progress report dated 03/04/15, the patient is temporarily totally disabled.The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product."Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.