

Case Number:	CM15-0093513		
Date Assigned:	05/19/2015	Date of Injury:	09/29/2012
Decision Date:	06/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 is a 49 year old male, who sustained an industrial injury on September 29, 2012. He reported that while attempting to stop a fight another person put the injured worker in a chokehold, hitting his left shoulder on cement with injury to his neck, lower back, and left shoulder. The injured worker was diagnosed as having cervical disc protrusion, lumbar disc protrusion, lumbar radiculopathy, left shoulder bursitis, infraspinatus, subscapularis, and supraspinatus tendinosis, loss of sleep, and depression. Treatment to date has included MRIs, physical therapy, aqua therapy, polysomnogram, and medication. Currently, the injured worker complains of constant cervical spine, numbness on both hands, constant low back pain that radiates down to the buttocks with tingling numbness on the feet, intermittent left shoulder pain, depression, and loss of sleep due to pain. The Primary Treating Physician's report dated December 16, 2014, noted the injured worker reported his cervical and lumbar pain as 8/10, with his left shoulder pain a 9/10. Physical examination was noted to show the cervical spine range of motion (ROM) decreased and painful, with tenderness to palpation and muscle spasms of the cervical paravertebral muscles, and cervical distraction and foraminal compression causing pain bilaterally. The lumbar spine range of motion (ROM) was noted to be decreased and painful with tenderness to palpation and muscle spasm of the lumbar paravertebral muscles, and straight leg raise causing tingling. The left shoulder range of motion (ROM) was decreased and painful with tenderness to palpation and muscle spasms of the anterior shoulder. The treatment plan was noted to include pending new nerve conduction velocity (NCV)/electromyography (EMG) studies of upper and lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base 240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical gabapentin is not medically necessary. In this case, the injured worker's working diagnoses are cervical disc protrusion; lumbar disc protrusion; lumbar radiculopathy; left shoulder bursitis; infraspinatus, subscapularis and supraspinatus tendinosis; loss of sleep and depression. The treating provider [REDACTED] requested to topical compounds. The request for authorization is dated April 30, 2015. The most recent progress note (not by the treating provider) is dated October 30, 2014. There is no contemporaneous documentation on or about the date of the request for authorization in the medical record. There is no clinical indication or rationale for the topical compound cream enumerated in the medical record by the treating provider. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base 240 g is not medically necessary.

Compound medication: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and Capsaisin 0.025% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are cervical disc protrusion; lumbar disc protrusion; lumbar radiculopathy; left shoulder bursitis; infraspinatus, subscapularis and supraspinatus tendinosis; loss of sleep and depression. The treating provider [REDACTED] requested to topical compounds. The request for authorization is dated April 30, 2015. The most recent progress note (not by the treating provider) is dated October 30, 2014. There is no contemporaneous documentation on or about the date of the request for authorization in the medical record. There is no clinical indication or rationale for the topical compound cream enumerated in the medical record by the treating provider. Topical Flurbiprofen is not recommended. Topical baclofen is not recommended. Any compound product that contains at least one drug (topical baclofen and Flurbiprofen) that is not recommended is not recommended. Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and Capsaisin 0.025% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and Capsaisin 0.025% is not medically necessary.