

Case Number:	CM15-0097849		
Date Assigned:	05/28/2015	Date of Injury:	03/16/2010
Decision Date:	06/29/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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: 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:

This 57 year old female sustained an industrial injury on 3/16/10. She subsequently reported back pain. Diagnoses include lumbago, thoracic/ lumbar disc degeneration, lumbar annular tear, lumbar disc protrusion and lumbar stenosis. Treatments to date include MRI and x-ray testing and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, lumbar pain level of 9/10 with radiation to the left leg with numbness, tingling and weakness. Antalgic gait and painful, limited range of motion is noted. Straight leg raise causes pain on the left. A request for Pharmacy purchase of compound medication: Gabapentin 10%, Amitriptyline 10%, Bupivacaine, Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% #180 grams medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of compound medication: Gabapentin 10%, Amitriptyline 10%, Bupivacaine, Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% #180 grams: Upheld

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

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, pharmacy purchase of compound medication gabapentin 10%, amitriptyline 10%, bupivacaine, Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaicin 0.025% #180 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. Topical gabapentin is not recommended. Topical Flurbiprofen is not FDA approved for topical use. Topical baclofen is not recommended. In this case, the injured workers working diagnoses are lumbar annular tear; lumbar disc protrusion; and lumbar stenosis. The documentation indicates the topical compound was first requested in the progress note dated November 3, 2014. The most recent progress note dated March 12, 2015 shows the treating provider again requested the topical compound (supra). The documentation does not state whether there is subjective improvement with the topical compound. There is no objective improvement with the topical compound. Topical gabapentin is not recommended. Topical Flurbiprofen is not FDA approved for topical use. Topical baclofen is not recommended. Any compounded product that contains at least one drug (gabapentin, baclofen and Flurbiprofen) that is not recommended is not recommended. Consequently, pharmacy purchase of compound medication gabapentin 10%, amitriptyline 10%, bupivacaine, Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaicin 0.025% is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, pharmacy purchase of compound medication gabapentin 10%, amitriptyline 10%, bupivacaine, Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaicin 0.025% #180 grams is not medically necessary.