

Case Number:	CM14-0151902		
Date Assigned:	09/19/2014	Date of Injury:	03/16/2010
Decision Date:	11/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old female caregiver who sustained an industrial injury on 3/16/2010. She experienced pulling pain in her back when attempting to reach and assist a 300-lbs. patient who fainted, and help her to the bed. The urine toxicology screen collected 1/22/2014 was negative for all analytes tested. The urine toxicology screen collected 6/11/2014 was negative for all analytes tested. The urine toxicology screen collected 7/24/2014 was negative for all analytes tested. According to the PR-2 dated 7/24/2014, she complains of constant back pain that radiates to the left lower extremity that varies throughout the day, which she rated 9/10. Pain is associated with numbness, tingling and weakness in the left leg. Rest helps relieve the pain, and worsened with sitting, standing, lying down, walking, lifting, bending, squatting and crouching. She also reports frequent headache, difficulty sleeping, depression and anxiety. There have been no change in symptoms since last visit. She is not taking any medications. Physical examination reveals 18 left 12 right Jamar grip strength and pain with limited lumbar motion in all planes. Urine sample collected tested negative. Diagnoses are lumbar spine multilevel herniated disc, lumbar spine annular tear, lumbar spine stenosis, and lumbar spine nerve root compression. She states low back pain is going. She has no significant pain since her last visit. She is still awaiting pain management consultation. She will discontinue tramadol. She is still pending internal medicine evaluation for GI upset. She is having ongoing low back pain radiating down her legs at nighttime. This is preventing her from sleeping. She will be prescribed Neurontin 300mg to take at nighttime for radiculopathy pain. She is prescribed omeprazole DR #60, Neurontin 300mg #60, gabapentin 10%, dextromethorphan 10% and amitriptyline 10%; and flurbiprofen 20%, tramadol 20% and cyclobenzaprine 4% in Mediderm base to apply a thin layer three times per day 210gm. She remains off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% 210gm, DOS 7/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN; TOPICAL ANALGESICS Page(s): 13-16; 111-113.

Decision rationale: According to CA MTUS guidelines, topical analgesics are 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. The guidelines state Gabapentin is not recommended for topical formulations. There is no support to use gabapentin in a topical form. Only FDA-approved products are currently recommended. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient is able to tolerate oral medications. The medical records do not provide a rationale that establishes the medical necessity for a compounded topical containing a cough suppressant and antidepressant. There is no medical justification for topical containing these ingredients, which are not indicated for treatment of low back pain. The components of this product are not recommended under the guidelines. Therefore, the requested topical compounded product is not supported as medically necessary. The request is non-certified.

Retrospective request for Flurbiprofen 20%/ Tramadol 20% 210grms (Transdermal Compounds) DOS 7/28/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. The records provided fail to establish any of these ingredients in topical formulation, are medically necessary for the management of this patient's complaints. The patient is tolerant to oral medications. NSAIDs and opioids are available in standard oral formulations. The medical records do not substantiate there are any issues with oral medication tolerance. Consequently

this compounded product is not supported by the evidence based guidelines, and the request is not medically necessary. The request is non-certified.