

Case Number:	CM14-0173133		
Date Assigned:	10/23/2014	Date of Injury:	12/03/2010
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/20/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 57 year old male with date of injury of 12/3/2010. A review of the medical records indicates that the patient is undergoing treatment for lumbar intervertebral disc disease with radiculopathy. Subjective complaints include continued 5/10 lower back pain with radiation down bilateral lower extremities (pain is 10/10 without medications). Objective findings include limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals and positive straight leg raise bilaterally. Treatment has included Anaprox, Norco, Neurontin, home exercises, hot/cold, H-wave unit, Terocin patch, and a back brace. The utilization review dated 10/7/2014 non-certified two topical anesthetics: Flurbiprofen/Capsaicin/Methyl Salicylate/Dimethyl Sulfoxide and Gabapentin/Ketoprofen/Tramadol/Cyclobenzaprine/Ethyl Alcohol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin/Methyl Salicylate/Dimethyl Sulfoxide dispensed on 06/19/14:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding Topical Analgesic.

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, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA-approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Therefore, the request for Flurbiprofen/Capsaicin/Methyl Salicylate/Dimethyl Sulfoxide dispensed on 06/19/14 is not medically necessary and appropriate.

Gabapentin/Ketoprofen/Tramadol/Cyclobenzaprine/Ethyl Alcohol dispensed on 06/19/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

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, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Therefore, the request for Gabapentin/Ketoprofen/Tramadol/Cyclobenzaprine/Ethyl Alcohol is not medically necessary.