

Case Number:	CM13-0024526		
Date Assigned:	03/14/2014	Date of Injury:	03/16/2011
Decision Date:	05/02/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational 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 52 year old female who was injured on 03/16/2011. The mechanism of injury is unknown. Prior treatment history has included the patient has undergone surgery on her neck, right knee and heels for bone spurs. PR-2 dated 03/06/2013 documented the patient to have complaints severe lumbosacral spine pain with bilateral lower extremities radiculopathy/radiculitis with left lower extremity the greatest, bilateral ankle pain frequently. There is no bending, stooping or squatting due to the persistent nature of the left gluteal pain and lower extremity pain. There is burning pain in the left L4 dermatome pattern as well as burning and numbness pain down the foot. Objective findings on exam included examination of the lumbosacral spine with positive paravertebral mild spasms. L4 radicular pain bilaterally with numbness and complaints of burning in the left lower extremity. Positive Patrick FABER test, left greater than right. Positive Lasegue's, positive Kemp's. Bilateral ankle pain, left greater than right. Diagnoses: 1. Lumbar strain/sprain, herniated lumbar disc L4-L5, L5-S1 with radiculopathy, left greater than right. Status post EFSI. Treatment Plan: At this time I am requesting authorization for L4-L5 laminectomy and discectomy due to the dermatomal pattern complaint of L4. Joint Panel QME dated 08/29/2013 states it needs to be determined when she is MMI from the orthopedic standpoint post surgery whether she requires narcotic medications and whether there has been any permanent aggravation in this pre-existing situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION:

DIMETHYL/ETHOXYLI/LIPMAXSO/ETHYLALC/PLURON 30 DAY SUPPLY QTY: 120.00 REFILLS: 3: Upheld

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

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

Decision rationale: CA MTUS details: "Topical Analgesics - Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. The above medication contains at least one drug that is not recommended, therefore per the guidelines cited above this medication is not medically necessary.

COMPOUND MEDICATION: METHOL C/CAMPHOR G/PROPYLENE/CARBOPOL-TROLAM #120 REFILLS: 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111

Decision rationale: CA MTUS details: Topical Analgesics - Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics,

antidepressants, glutamate receptor antagonists, $\hat{1}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, $\hat{1}^3$ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. The above medication contains at least one drug that is not recommended, therefore per the guidelines cited above this medication is not medically necessary.