

Case Number:	CM13-0025983		
Date Assigned:	10/11/2013	Date of Injury:	11/22/2011
Decision Date:	01/21/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pediatrics has a subspecialty in Toxicology and Addiction 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 physician 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 52 year old patient sustained a work related injury on 11/22/2011. Patient has been on treatment with [REDACTED]. Patient had issues with right knee pain, low back pain and right ankle pain. Patient has had X rays, MRI and EMG studies. EMG studies normal. Patient had physical therapy, ESI, acupuncture therapy without sustained effect. Patient also had Naproxen as pharmacologic treatment. X rays are normal and the MRI showed l4-l5 disc pathology. [REDACTED] on may 20, 2013 documented that patient has L4-L5 disc pathology and Right knee chondromalacia patellae and the disability from low back pain was 17 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Lidocaine/Amitriptyline 20/5%/5% 240 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-127. Decision based on Non-MTUS Citation Krumova EK, Zeller M, Westermann A, Maier C. Lidocaine patch (5%) Produces a Selective, but Incomplete Block of A and C Fibers Pain. 2012 Feb; 153 (2): 273-80. Doi 10.1016/j.pain.2011.08.020. Epub 2011 Oct 11.

Decision rationale: The request is not medically necessary. As per the medical records dated May 20, 2013, it seems that patient has attained a plateau and stationary phase with regards to pain responses. In the submitted documents, there is no report of the specific responses to pharmacologic or interventional or conservative pain management procedures. However, as per MTUS guidelines, any combination with Lidocaine topical alone or in combination is not indicated to treat the pain of discogenic lower back pain or pain of chondromalacia patellae.

Gabapentin/Cyclobenzaprine/Tramadol 10/6/10% 240 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-27-111-127.

Decision rationale: The request is not medically necessary. As per the medical records dated May 20, 2013, it seems that patient has attained a plateau and stationary phase with regards to pain responses. In the submitted documents, there is no report of the specific responses to pharmacologic or interventional or conservative pain management procedures. However, as per MTUS guidelines, any preparation with Gabapentin, Cyclobenzaprine or Tramadol topical, alone or in combination is not indicated to treat the pain of discogenic lower back pain or pain of chondromalacia patellae.