MAXIMUS Federal Services

Case Number:	CM13-0029006		
Date Assigned:	02/26/2014	Date of Injury:	11/10/2010
Decision Date:	05/23/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 62 year old female low back pain following a series of work-related injuries in 2007 and on November 10, 2010. The claimant was diagnosed with depressive disorder not elsewhere, postlaminectomy syndrome lumbar region, lumbar ago, lumbar radiculopathy, thoracic spine sprain/strain and anxiety. The claimant has a history of left L5 hemilaminectomy and foraminotomy on November 17, 2011. The claimant reports low back pain exacerbated by cold weather. The pain radiates to the bilateral lower extremity. The physical exam was significant for tenderness over the thoracic and lumbar spine as well as the left gluteal muscle, positive sitting root, straight leg raise at 45Â° on the right and 10Â° on the left, and +1 reflexes at the bilateral patella L4. MRI of the lumbar spine was significant for L2-3, L3-4 and L4-5 diffuse disc bulge effacing the thecal sac and bilateral transiting nerve roots, facet arthrosis, multilevel degenerative disc disease greater at L5-S1, multilevel disc desiccation/dehydration, Modic type II at L5-S1, L5-S1 significant disc space narrowing, posterior osteophyte changes resulting in left neuroforamina stenosis, encroachment to the left exiting nerve root, facet arthrosis, and laminectomy at L5 on the left. MRI of the thoracic spine was significant for multilevel facet degeneration and degenerative disc disease. The claimant was made for multiple compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Flurbiprofen is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. Flurbiprofen is a topical NSAID. MTUS guidelines indicate this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore the compounded topical cream is not medically necessary.

GABAPENTIN POWDER: 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): 111-112.

Decision rationale: Flurbiprofen is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. Flurbiprofen is a topical NSAID. MTUS guidelines indicate this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore the compounded topical cream is not medically necessary.

ULTRADERM COMPOUND: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Ultraderm Compound is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as Tramadol are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore the compounded topical cream is not medically necessary.

MEDROX OINTMENT 120 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Medrox ointment 120 grams is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Medrox ointment is a compounded drug containing salicylate, capsaicin, and menthol. Per MTUS page 112, Capsaicin is indicated for fibromyalgia, osteoarthritis and non-specific back pain in patients who have not responded or are intolerant to other treatments. At that point only the formulations of 0.025% is recommended as increasing the concentration has not been found to improve efficacy. Medrox ointment contains 0.0375% capsaicin and not recommended. In regards to salicylate, which is a topical NSAID, MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The provider recommended Medrox ointment for the claimant's chronic pain; therefore, the requested medication is not medically necessary.

LIDOCAINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: Lidocaine is not medically necessay assuming its use for compounding topical analgesic. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with post-laminectomy syndrome, and lumbar radiculopathy. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain and thus, not medically necessary.