MAXIMUS Federal Services

Case Number:	CM13-0034302		
Date Assigned:	12/06/2013	Date of Injury:	04/08/1999
Decision Date:	03/04/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Emergency 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 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:

Patient with injury date of 4/8/1999. Patient with reported back injury while pushing at worksite. Patient has a diagnosis of chronic back pain syndrome, lumbar facet syndrome, lumbar osteoarthritis, lumbar radiculopathy, hip pain and post laminectomy syndrome. Records from primary treating physician, [redacted] (Pain management) reviewed. Last report provides and reviewed is from 10/3/13. Pt is complaining of back pain. Pain 4/10 L more than R. Objective exam reports lumbar spine with tenderness on L more than R paraspinal with spasms. Positive straight leg raise bilaterally more on L than R. Slight kyphotic gait, antalgic gait on left. Pain is stable with current medications. Report states that conservative treatment with physical therapy and medical management has not provided good pain control. Report states that patient had good response with intra-facetal blocks in the past. Electromyolography (EMG) from 6/11 documented L radiculopathy at L5 level. Current medication is Chantix, Carisoprodol, laxacin, Lortab, methadone, naproxen, Omeprazole, Tizanidine, Cylogaba cream and Norco. Pt has a history of prior epidural blocks that provided mild leg pain relief and facet blocks on R that provided good pain relief. Also had history of prior back surgeries and injections. Review is for Cyclogaba cream and L intraarticular block injection L2, L3, L5 and L5-S1. Prior utilization review on 10/7/13 for review recommended non-certification of facet joint injections and non-certification of Cyclogaba cream. Prior utilization review on 11/22/13 for lumbar facet block, Colace and Lortab recommended certification of facet joint injections, Colace and modification of Lortab prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclogaba cream bid prn: Upheld

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

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

Decision rationale: As per MTUS guidelines "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" Cyclogaba is a compounded product containing Cyclobenzaprine and Gabapentin. Cyclobenzaprine is a muscle relaxant. As per MTUS guidelines, it is not recommended with no evidence to support its use as a topical product. Gabapentin is an antiepileptic. As per MTUS guidelines, it is not recommended with no evidence to support its use as a topical product. Both drugs are not recommended therefore Cyclogaba is not recommended.

Left intra-articular block injection at L2, L3, L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 298-301.

Decision rationale: As per ACOEM guidelines, intra-articular injections are not recommended due to questionable efficacy as per available evidence. There is anecdotal evidence that it may be helpful in patient transitioning between acute to chronic pain. Patient does not even meet that definition since patient has chronic pains and is not "transitioning". While the Official Disability Guide (ODG) has some guidelines to support its use, patient does not even meet those guidelines especially the number of requested levels to be blocked is excessive (Limit is 2) and is not suppose to have evidence of radiculopathy, which the patient has. As per MTUS utilization review hierarchy of evidence, ACOEM guidelines preempt the ODG and does not recommend intra-articular block injections.