

Case Number:	CM13-0036538		
Date Assigned:	01/24/2014	Date of Injury:	03/10/2006
Decision Date:	03/25/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The patient is a 48 year old female who was injured on 3/10/2006 while walking across a street on a rainy day when she slipped and fell injuring her left knee. Diagnostic studies reviewed include a negative urine toxicology review of 06/06/2013 and MRI of the right knee of 10/12/2013 revealed minimal globular increased signal intensity within the posterior horn of the medial meniscus most consistent with minimal intrasubstance degeneration. X-ray of the lumbar spine of 04/26/2013 revealed postoperative changes. An MRI of the right knee without contrast of 01/03/2013 revealed: 1. Small tear of the anterior horn of the lateral meniscus. 2. Subcortical cystic change/edema within the proximal tibia extending near the lateral tibial plateau and tibial spine which may represent chronic trabecular bone injury or reactive change. No discrete fracture or osteochondral injury. 3. Minimal chondromalacia within the patellofemoral compartment. 4. Stabilizing ligaments of the knee are intact. A CT of the lumbar spine of 11/12/2012 revealed: 1. Postsurgical consistent with anterior lumbar interbody fusion at L4-L5 and L5-S1 with multilevel pedicle screw fixation, posterolateral fusion and laminectomy. There is minimal peri-screw lucency around the right S1 pedicle screw and left L4 pedicle screw. 2. Moderate neural foraminal stenosis at L5-S1 secondary to grade 1 anterolisthesis. A clinical note dated 08/01/2013 documented the patient to have complaints of chronic low back pain and status post lumbosacral fusion. The patient was diagnosed with status post lumbosacral fusion with recent hardware removal, lumbar discogenic disease, chronic low back pain, and intractable pain. A clinic note dated 08/12/2013 documented the patient to have complaints of constant left shoulder pain. She complained of pain radiating down the arm and increased shoulder pain with any movement. The patient complained of low back pain radiating down both legs with numbness and tingling in bilateral feet. Her pain was exacerbated with sitting, standing, and bending. She rated her pain at 10/10 on the VAS. The patient had additional

orthopedic/neurological complaints of headache, neck pain, right shoulder pain and bilateral hand pain. The complaints were not believed to be the result of the industrial injury of 03/10/2006. The patient also had stress, anxiety, depression, and sleeping problems. Objective findings on exam included carriage and gait abnormal with a limp favoring the left lower extremity. Neurological findings on examination included the deep tendon reflexes 2+ and symmetrical at the biceps, triceps, brachioradialis, and Achilles. The deep tendon reflexes were 1+ and symmetrical at the patella. There was loss of sensation at the left L3, L4 and L5 levels. Otherwise, the sensory examination was within normal limits. The motor examination revealed 3/5 muscle weakness at the bilateral psoas quadriceps muscles and at the left piriformis muscle. The motor examination revealed 4/5 muscle weakness at the right piriformis muscle. Otherwise, motor examination was within normal limits. There was no gross atrophy of the cervical spine musculature. Postural examination was normal. There was palpable tenderness over the cervical spine paravertebral musculature and trapezius musculature with 1+ spasm. Range of motion was decreased. There was no evidence of appreciable swelling over the bilateral shoulders. There was no gross atrophy of the shoulder musculature. There was no palpable tenderness over the acromion, deltoid bursa, acromioclavicular joint, coracoid, lesser and greater tuberosities, posterior shoulder musculature, supraspinatus and infraspinatus musculatures. There was palpable tenderness over the trapezius musculature with 2+ muscle spasm. There was no gross atrophy of the musculature. Postural examination was normal. There was palpable tenderness over the lumbar spine paravertebral musculature with 2+ spasm. There was decreased sensation over the left L3

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD: Flurbiprofen/Lidocaine/Amitriptyline/PCCA LIPO 20 day supply #180 with 1 refill: Upheld

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

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

Decision rationale: As per the MTUS Chronic Pain Guidelines, NSAIDs are recommended for short-term duration of treatment of osteoarthritis for no longer than 4-12 weeks. They are not recommended for neuropathic pain. The only FDA-approved topical NSAID medication is Diclofenac. Furthermore, topical lidocaine is the formulation of a dermal patch for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Guidelines further indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is not medically necessary and appropriate.

CMPD: Gabapentin/Cyclobenzaprine/Tramadol/PCCA LIPO 20 day supply #180 with 1 refill: Upheld

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

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

Decision rationale: As per the MTUS Chronic Pain Guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin is not recommended for topical use and there is no evidence for the use of any other antiepilepsy drug as a topical product as well. The MTUS Chronic Pain Guidelines do not support the use of tramadol in a topical formulation. MTUS Chronic Pain Guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is not medically necessary and appropriate.