

Case Number:	CM13-0039416		
Date Assigned:	12/20/2013	Date of Injury:	10/06/2010
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/28/2013

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 Pain Management, has a subspecialty in Disability Certification 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 44 year old male who suffered industrial injuries on October 6, 2010. At the time the patient was employed with [REDACTED]. He was working as a heavy equipment operator at the time that he was injured. The patient reports that his injury is a result of continuous trauma. The patient lifted heavy machines and supplies, up to 350 pounds, on a regular basis at work. Repetitive lifting of the machines and supplies often put strain on his shoulders and low back. The patient would work on construction site that required a variety of task to be completed to prepare the job site for completion. With heavy equipment the patient could be asked to dig holes and trenches, compact soil, lift heavy objects, move earth, and spread asphalt. Construction sites are typically a rough and uneven terrain to operate heavy machinery on. As a result, the ride is usually rocky an abrupt. This constant turbulent movement causes strain on the lower back. The patient often felt pain after operating machinery for extended periods of time. The patient reports that he experienced moderate to severe pain for approximately two years prior to informing his supervisor. In 2011 the patient had surgery on his lumbar spine to cage of three discs. The patient feels the surgery was helpful for a short time. The pain gradually intensified until the patient was unable to manage the pain on his own. The patient has had at least six lumbar epidural steroid injections (LESI). The patient reports that none of the epidurals have helped with pain. The patient found that physical therapy was not very helpful in increasing range of motion or providing relief from pain. A hot bath and massages can provide temporary relief while he is using those therapies. At this time, the patient feels that he is getting worse. In the most recent progress report dated 10/1/2013, performed by [REDACTED], the patient was seen for follow up of low back pain after implantation of a spinal cord stimulator a few weeks earlier. Pertinent subjective findings included reported 50% pain improvement with implantation of the spinal stimulator, decrease in reliance on pain

medication Norco as a result and decrease in pain VAS rating. Pertinent subjective findings included tenderness and warmth to touch of incision site with no overt signs of infection. The provider suggested short term physical therapy and observation of stimulator success.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 1 urine drug screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43,77,85. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain(Chronic) (Updated 11/14/2013)-Urine Drug Screening

Decision rationale: Regarding the current request for urine drug screening, it appears it was prompted by the fact that the patient presented in the clinic for a follow-up visit, during which he reported pain symptoms in the body part not previously addressed. It appears that the treating physician noticed a red-flag, because he has already started weaning the patient off opioids. Therefore the request for urine drug screen is medically necessary to evaluate for any aberrant drug behavior.

Prospective 1 prescription of gabapentin/ketoprofen/lidocaine compound ointment 240g: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Low Back (Lumbar and Thoracic)(Updated 12/27/2013)-Topical Analgesics

Decision rationale: The prospective request for 1 prescription of gabapentin/ketoprofen/lidocaine compound ointment 240g, does not satisfy CA MTUS or ODG Guidelines. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed and the documentation provided for review did not describe well-demarcated neuropathic pain that has failed with the readily available oral agents such as antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support medical necessity. Also, it has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition topical gabapentin and ketoprofen is not supported by the guideline. Also Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been

designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain.