

Case Number:	CM13-0045275		
Date Assigned:	04/25/2014	Date of Injury:	02/16/2005
Decision Date:	07/07/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational 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 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 patient is a 61-year-old female with a 2/16/05 date of injury after being hit by a car while leaving work. She was seen on 11/6/13 with ongoing low back pain with radiation (unspecified). Exam findings reveal tenderness and spasm on palpation with decreased range of motion of the L spine. Her diagnosis is L spine discopathy. The patient's medications were topical Flurbi cream (flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%), topical Gabacyclotram (Gabapentin 10%/Cyclobenzaprine 6%/tramadol), Norco, Ambien, and Soma. A 5/10/13 progress note documents that the patient was on Ambien, Soma, and topical combination creams which were continued up until the request. The patient was seen in January 2013 where it was noted she had an epidural injection on January 16th 2014. The patient states she had no pain in her low back since the injections. Her pain is 04/10 on VAS and exam findings are unchanged. The patient is noted to be on Soma, Gabapentin, and Anaprox. An MRI of the L spine was noted on 2/16/05 to reveal a small disc herniation at L4/5 per a QME dated 5/20/06, the official report was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIP CREAM 180 GM: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, as well as Gabapentin and other antiepilepsy drugs are not recommended for topical applications. MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbicream is a combination of flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% and is therefor a compounded topical product. Thus the request is not medically necessary.

AMBIEN 10 MG #30: 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) Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien. FDA (Ambien).

Decision rationale: The ODG and the FDA both state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. This patient is noted to be on Ambien long term and progress notes do not discuss the patient's sleep hygiene or whether this medication is beneficial. In addition, the patient has exceeded the recommend duration recommended for use medication per the ODG. The request is not medically necessary.

GABACYCTRA 10%,6%,1% 180 GM #60: 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: The MTUS Chronic Pain Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Gabacyclotram cream is a combination of gabapentin 10%/cyclobenzaprine 6%/tramadol none of which are not supported for topical use per MTUS Chronic Pain Guidelines. In addition, the MTUS Chronic Pain Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation (ODG) Low Back Chapter MRI.

Decision rationale: The ACOEM Guidelines supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient had a lumbar MRI in 2005, which apparently showed a small disc herniation at L4/5 but the official report was not available for review. There is no documentation of a worsening of symptoms, or new neurological changes or deficits that require a repeat MRI. Moreover, there is no documentation explaining the necessity of a lumbar MRI. Therefore, the request is not medically necessary.