

<b>Case Number:</b>	CM13-0047380		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 has a date of injury of September 26, 2008. The patient has been diagnosed with cervical and thoracic sprain. The patient has chronic neck pain and back pain. . MRI from August 2010 shows degenerative disc condition from C3-C7. At C4-5 is a 5 mm disc bulge with canal stenosis at C5 since is a 3 mm disc bulge with mild canal stenosis at C6-7 there is no canal stenosis. The patient continues to complain of neck pain and back pain. On physical examination the patient has tenderness to the neck on palpation positive axial loading test and positive Spurling's test. There was dysesthesias in the C5-C7 distribution. The patient had cervical surgery from C4-C7 with hybrid cervical reconstruction. There is no evidence of hardware failure At issue is whether specific medicines are necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for Ketop/Lidoc/CAP/TRAM 15%/1%/0.012%/5% LIQ qty 60 15 days, spray to affected area 2-3 x's daily: 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 topical Analgesicis Page(s): 111-113.

**Decision rationale:** The use of topical sprays for chronic pain remains experimental. MTUS guidelines with respect to topical medication state the following, any compounded product that contains a least one drug that is not recommended is therefore not recommend. The patient's and his only recommended for patient to have not responded or intolerant to other treatments. The lack of response or intolerances not documented. Therefore the requested topical spray is not medically necessary. In addition, the medical records do not document a recent trial and failure of conservative measures to include exercise therapy a functional restoration.

**FLUR/CLO/CAPS/LID 10%/2%/0.125%/1% LIQ, NDC, qty 120, 30 days, spray to affected area 2-3 x's daily:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** Topical sprays remain experimental for the treatment of neck and back pain. MTUS guidelines regarding topical medication suggest that any compounded contains obese one drug does not recommended, is therefore not recommended. The patient is only recommended for patient to have not responded or intolerance to other treatments. The medical records do not indicate that there is a lack of response or intolerance to other medications. Topical spray is not medically necessary at this time. In addition, the FVC of topical spray for the treatment of chronic pain remains controversial. The medical records do not include any evidence of a recent trial and failure of other conservative measures to include physical therapy and a functional restoration program.

**Levofloxacin:** 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 Levofloxen.

**Decision rationale:** There is no documentation in the records as to why this patient requires an antibiotic. Levofloxacin is an antibiotic. Guidelines do not suggest the routine use of antibiotics for the treatment of low back pain with chronic neck pain. There is no documentation in the chart that the patient has an infection requiring antibiotic treatment.

**Quazepam:** 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  
Benzodiazepines.

**Decision rationale:** There is no documentation of medical records that this patient has a sleep disorder that required the use of benzodiazepines as a sleepy very quazepam is a benzodiazepine. MTUS guidelines for benzodiazepine use are not met in this case for which the patient has chronic neck and back pain with no documentation of a sleep disorder. Muscle relaxants or not recommended for treatment of chronic pain.