MAXIMUS Federal Services

Case Number:	CM13-0051712		
Date Assigned:	12/27/2013	Date of Injury:	07/17/2009
Decision Date:	06/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 36 year old male who was injured on 07/17/2009 while he was reaching above his head to get a 45 pound box of fries and in doing so he slipped on the freezer floor and fell backwards pulling 3-4 boxes of fries on top of him. He states the co-workers had to lift the boxes off and help him off. He had immediate pain in the lower back, right knee and right shoulder. Prior treatment history has included the patient undergoing a lumbar decompression, laminectomy and posterior fusion L4 to S1 on 12/05/2011. He has been treated with physical therapy and medications as well as acupuncture, heating pad, TENS unit and back brace. His medications include Soma, Vicodin and Norco. The progress note dated 06/28/2013 reveal examination of the lumbar spine shows there is a foot drop on the right and the need for persistent use of medication as well as the assistive device. He has a stoppage gait consistent with severe radiculopathy. The diagnoses are post-laminectomy syndrome at L4 through S1, right foot drop, lumbar spine stenosis and status post lumbar spine fusion. UR report dated 10/29/2013 denied the requests for Flurbiprofen 15%/Cyclobenzaprine 10% and Tramadol 8%/Gabapentin 10%/Menthol 2%Camphor 2%/Capsaicin 0.5% based upon lack of information.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 15%/ CYCLOBENZAPRINE 10% #1.00 (RETRO): 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: As per California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Cyclobenzaprine is a muscle relaxant and there is no evidence for use of any topical muscle relaxant. Further guidelines 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 considered medically necessary and is not medically necessary.

TRAMADOL 8%/GABAPENTIN 10%/ MENTHOL 2%/ CAMPHOR 2%/ CAPSAICIN 0.5%, #30 (RETRO): 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: As per California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no peer-reviewed literature to support use of topical Gabapentin. Further guidelines 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 considered medically necessary and is not medically necessary.