

Case Number:	CM13-0061300		
Date Assigned:	12/30/2013	Date of Injury:	10/10/2002
Decision Date:	06/09/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/04/2013

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 Anesthesiology, and is licensed to practice in Texas. 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 65 year old female who sustained an injury on 08/15/07. The patient is noted to have undergone a prior 360 degree spinal fusion with decompression, laminectomy, and facetectomy at L4-5 performed on 7/24/13. Postoperative follow-up on 8/15/13 noted that the patient was ambulating well. The patient reported slight pain with full range of motion of the lumbar spine. No neurological deficits at this visit were noted. The patient was seen on 9/3/13 for postoperative follow-up. The patient reported continuing complaints of pain and stiffness in the lumbar spine with radiating pain in the lower extremities at the knees. On physical examination, there was tenderness to palpation and spasms in the lumbar spine. Range of motion was reduced. No clear neurological deficit was noted at this visit. The patient was recommended to continue with 60 Norco 10/325mg every 4-6 hours, Prilosec 20mg twice daily, 90 Flexeril 7.5mg, Laxacin 8.6mg for constipation prophylaxis, and a topical compounded cream that included Ketoprofen and Flurbiprofen. Physical therapy was also recommended. Follow-up on 9/19/13 noted the patient was still ambulating well with continued pain and stiffness in the back. On physical examination, there was continued tenderness to palpation without spasms. There was some restricted lumbar range of motion. No neurological deficit was identified. Follow-up on 10/1/13 indicated that the patient continued to have constant low back pain with associated stiffness and numbness. Physical examination noted tenderness and spasms in the lumbar spine with limited range of motion. The patient also described tenderness in the bilateral shoulders and at the knees. Again, no neurological deficit was identified. At this visit, 120 Norco 10/325mg every 4-6 hours, 90 Soma 350mg three times a day, Laxacin, and topical creams were continued. The patient continued with physical therapy through October 2013. Follow-up on 10/31/13 noted no evidence of neurological deficit on physical examination. The patient continued to have pain with lumbar range of motion. No muscle spasms were apparent. Follow-up on 11/19/13 noted

continuing complaints of pain in the lumbar spine, bilateral shoulders, left elbow, right wrist, and bilateral knees. On physical examination, there was tenderness to palpation noted in multiple areas including the lumbar spine, bilateral shoulders, left elbow, right wrist, and bilateral knees. Non-specified loss of range of motion was noted. The patient was recommended for electrodiagnostic studies of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there was any recent exacerbation of chronic pain or any evidence of a recent acute injury. As such, the request is not medically necessary.

LAXACIN #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation LAXACIN. (2013). IN PHYSICIANS' DESK REFERENCE 67TH ED.

Decision rationale: The patient is noted to be taking narcotics for pain control following the lumbar fusion completed in July 2013. A known complication from ongoing narcotics use is constipation. Given this known complication, Laxacin as a prophylaxis for constipation would be considered appropriate. As such, the request is medically necessary.

COMPOUND FLURBI (NAP) CREAM #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation US FDA regulations.

Decision rationale: The CA MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Flurbiprofen which is not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. As such, the request is not medically necessary.

COMPOUND GABACYCLOTRAM 180 GMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation US FDA regulations.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines and US FDA note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains Gabapentin, Cyclobenzaprine, and Tramadol, none of which are approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use, and did not indicate that there were any substantial side effects with the oral version of the requested medication components. As such, the request is not medically necessary.

EMG OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 234-235, 238-240, 242.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The patient has not presented with any clear evidence of postoperative neurological deficit in the upper extremities that would reasonably require EMG studies. There were no positive findings for radicular symptoms or evidence concerning peripheral neuropathy in the upper extremities that would reasonably require EMG. As such, the request is not medically necessary.

NCV OF BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 234-235, 238-240, 242.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 177-179.

Decision rationale: The patient has not presented with any clear evidence of postoperative neurological deficit in the upper extremities that would reasonably require NCV studies. There were no positive findings for radicular symptoms or evidence concerning peripheral neuropathy in the upper extremities that would reasonably require NCV. As such, the request is not medically necessary.