

Case Number:	CM13-0069732		
Date Assigned:	01/03/2014	Date of Injury:	03/29/2005
Decision Date:	06/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 injured worker is a 37-year-old who reported an injury on March 29, 2005. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications and a sacroiliac joint injection. The most recent clinical evaluation submitted for review by the prescribing physician was dated October 16, 2013. Physical findings included decreased motor strength of the right upper extremity. The injured worker's medications included Norco 10/325 mg. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's diagnoses included lumbar radiculopathy, failed back syndrome of the lumbar spine, lumbar degenerative disc disease, hip osteoarthritis, and cervical degenerative disc disease with radiculopathy. The injured worker's treatment plan at that appointment included trigger point injections of the left paraspinal musculature, a sacroiliac joint injection, a urine drug screen, a refill of medications, and a followup appointment. A request was made for a topical analgesic. No justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUR/CYCLO/CAPS/LID120%2%0.0125%1%LIQ QTY: 120, D/S 30: Upheld**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHROINC PAIN TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113.

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

Decision rationale: The California Medical Treatment Utilization Schedule does not recommend the use of nonsteroidal anti-inflammatory drugs as topical analgesics unless oral formulations are contraindicated to the patient. The clinical documentation does not provide any evidence that the injured worker cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs. Additionally, the Chronic Pain Medical Treatment Guidelines does not recommend the use of topical nonsteroidal anti-inflammatory drugs to alleviate spinal pain. The clinical documentation does indicate that the injured worker's main pain generator is his low back. Therefore, the use of flurbiprofen in a topical formulation would not be supported. The California Medical Treatment Utilization Schedule does not recommend the use of cyclobenzaprine as a topical formulation as there is little scientific evidence to support the efficacy and safety of this medication. The Chronic Pain Medical Treatment Guidelines does not recommend the use of capsaicin unless there is documentation that the injured worker has failed to respond to all other first line chronic pain management treatments. The clinical documentation submitted for review fails to identify that the injured worker has failed to respond to first line medications such as oral antidepressants or anticonvulsants. Furthermore, the Chronic Pain Medical Treatment Guidelines does not recommend the use of lidocaine in a cream or gel formulation, as it is not FDA approved to treat neuropathic pain. The California Medical Treatment Utilization Schedule does not recommend any compounded medication that contains at least 1 drug or drug class that is not recommended. The request for Flur/Cyclo/Caps/Lid**120%/2%/0.0125%/1% liq, 120 count, D/S 30 is not medically necessary or appropriate.