MAXIMUS Federal Services

Case Number:	CM13-0069970		
Date Assigned:	01/03/2014	Date of Injury:	06/06/2012
Decision Date:	05/28/2014	UR Denial Date:	12/13/2013
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 Physical Medicine and Rehabilitation, 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 injured worker is a 40 year old male who reported an injury on 06/06/2012. The mechanism of injury is not noted in the clinical documentation received. The injured worker has complaints of neck and low back pain. The medical examination of cervical spine revealed spasm, awaiting approval of cervical spine fusion. The injured worker is using 2-3 Norco tablets a day and along with the questionable Gabapentin 10%/Cylobenzaprine6%Tramadol 10%Lipoderm base cream. The medical examination of the lumbar spine revealed tenderness, decreased range of motion, spasm and pain with Kemp's Straight Leg Raises. Lower back pain unchanged, awaiting surgery, medications and creams are helpful, possible constipation. The injured worker's objective findings are significant physical examination, laboratory, and imaging. The cervical spine aligned spastic, there is muscle spasm of the cervical paravertebral muscles. The lumbar spine Aligned Guarded Gait, the ranges of motion are decreased and painful. There is +3 tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain, Straight leg raise cause pain. The injured worker's plan of treatment include Chiropractic therapy 2-3 times per week. Kinetic actives (2-3times per week for 6 weeks in clinical documentation dated 09/24/2013) and medication. The request for authorization was not found in documentation but noted in documentation for 11/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10%/CYCLOBENZAPRINE 6%/TRAMADOL 10%/LIPODERM BASE:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, COMPOUNDED Page(s): 113-127.

Decision rationale: The injured worker has a complaint of neck and low back pain with cervical and lumbar spine spasms.The Chronic Pain Medical Tretment Guidelines states compound creams are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These agents are applied locally to painful areas eith advantagesthat include lack of systemic side effects, absence fo drug interations, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Chronic Pain Medical Tretment Guidelines states gabapentin not recommended as there is no peer-reviewed literature to support use. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The request for gabapentin 10%/cyclobenzaprine 6%/tramadol 10%/lipoderm base is not medically necessary or appropriate.

FLURBIPROFEN POWDER/LIDOCAINE HCL POWDER/AMITRIPTYLINE HCL POWDER/PCCA LIPODERM BASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded Page(s): 113-127.

Decision rationale: The injured worker has a complaint of neck and low back pain with cervical and lumbar spine spasms.The Chronic Pain Medical Tretment Guidelines states compounded creams are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These agents are applied locally to painful areas eith advantagesthat include lack of systemic side effects, absence fo drug interations, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Chronic Pain Medical Tretment Guidelines states lidocaine not recommended as there is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. Therefore the request is non-certifed. Topical lidocaine, in the formulation of a dermal patch (LidodermÂ®) has been designated for orphan status by the FDA for neuropathic pain. The request for flurbiprofen powder/lidocaine HCL powder/amitriptyline HCL powder/pcca lipoderm base is not medically necessary or appropriate.