

Case Number:	CM13-0071447		
Date Assigned:	01/08/2014	Date of Injury:	01/14/2013
Decision Date:	05/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 22-year-old male with a date of injury of 01/14/2013. The mode of injury was the patient was lifting about 100 pounds and was sliding when he experienced pain the low back. The patient's diagnosis is lumbar spine sprain/strain, right side. He was seen on 11/05/2013 for a follow-up appointment. The patient presented at the office visit with complaints of pain in the lumbosacral spine, radiating down the bilateral lower extremities. On physical exam, a lumbosacral spine revealed normal lordosis and the patient can ambulate without antalgic gait. On palpation, it reveals moderate pain with palpation of paraspinal muscles, moderate spasms noted of the paraspinal muscles. Range of motion flexion is 70 degrees, extension 20 degrees, left and right lateral both are 20 degrees. Straight leg raising test is positive on the right side. Neurological exam is negative. The patient is able to return to his full duty status without restrictions and must be allowed to attend doctors' visits. The physician prescribed Naprosyn 550 mg, pantoprazole sodium 20 mg, tramadol ER 150 mg, Flurbiprofen 20%/tramadol 20% in a mediderm base to apply a thin layer 3 times a day, gabapentin 10%, amitriptyline 10% and dextromethorphan 10%, in mediderm base, apply a thin 3 times a day, gabapentin 10%, tramadol 20%, lidocaine 5% in mediderm base to apply a thin layer 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tramadol/Gabapentin/Lidocaine, duration and frequency unknown, dispensed 11/11/13 for treatment of low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient is a 22-year-old male who had a date of injury of 01/14/2013, when he was carrying 100 pounds and was sliding when he experienced pain the lower back. The patient has a diagnosis of lumbar spine sprain/strain, right-sided. The patient did complain of pain to the lumbosacral spine, which is radiating down the bilateral lower extremities. There was no pain assessment as far as an objective numerical number to know where the patient is as far as intensity of pain. The patient did have a straight leg raise test is positive on the right side and minimal limitations on range of motion for the lumbar spine. The CA MTUS Guidelines do state, that topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Regarding tramadol/gabapentin/lidocaine, the CA MTUS guidelines state gabapentin is not recommended, there is no peer-reviewed literature to support use. Therefore, per the guidelines of gabapentin not being recommended as 1 of the compound products in this medication, the request is non-certified.