

<b>Case Number:</b>	CM13-0072300		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/07/1993
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Texas and 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 patient is a 67 year old male that sustained injury on 9/7/2013. Past medical history consist of a fall in 2010 that resulted on a C3-7 fusion and tibia/fibular fracture in 2011 that was repaired with plates and screws. The patient completed physical therapy but reported no benefit. The medical record was positive for only paraspinal muscle tenderness. There was no documentation of diagnostic facet findings or objective tests supporting lumbar facet syndrome. The 7/30/2013 MRI of the lumbar spine showed the presence of hardware and degenerative disc disease. The medications listed are Klonopin, Wellbutrin for anxiety and depression, fentanyl patch that is currently being weaned and gabapentin for pain. The indications for the compound topicals listed as anhydrous gel base and KDBBGO was not specified. A Utilization Review decision was rendered on 12/16/2013 recommending non-certification for Anhydrous gel base topical, KDBBGO compound gel, UDS tests and L4-5, L5-S1 facet injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anhydrous gel base gel apply topically q6-8h prn pain #180 x 3: 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 Page(s): 111-113.

**Decision rationale:** The CA MTUS addressed the use of topical analgesic for the treatment of neuropathic pain. Topical analgesics preparations could be utilized to treat neuropathic pain when trials of anticonvulsants and antidepressants medications have failed. The records did not indicate that the treatment with gabapentin failed. The guideline also recommended that any compound product that contained at least one drug or drug class that is not recommended does not meet the medical necessity criteria. The medical record did not show a clear indication for the use of Anhydrous gel base topical preparation. There is no medical indication stated in the MTUS guideline for the use of this topical product.

**KDBBGO Compound Gel:** 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 Page(s): 111-113.

**Decision rationale:** The CA MTUS addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic preparations could be utilized to treat neuropathic pain when trials of anticonvulsants and antidepressants have failed. This patient is still utilizing gabapentin and Wellbutrin. The guideline also recommended that topical medication be tried and evaluated individually for efficacy. Any compound product that contains at least one drug or drug class that is not recommended does not meet the medical necessity criteria. The compound KDBBGO preparation contains the following medications - orphenadrine, pentoxifylline, bupivacaine, ibuprofen, gabapentin and doxepin. The topical preparations of all of these medications do not meet any medical indication either individually or in compound preparations.

**Urine drug testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42, 74-80.

**Decision rationale:** The CA MTUS addressed the use of Urine Drug Screen (UDS) during chronic opioid treatment. UDS is recommended as component of opioid monitoring to identify and monitor aberrant drug related behaviors such as diversion, doctor shopping and substance abuse. The CA MTUS recommend 3-4 UDS per year for patients who are stabilized on opioid therapy with no identifiable aberrant drug behaviors. The medical records indicate that the patient is already on a weaning schedule for the Fentanyl patch. There was no documentation of aberrant drug Final Determination Letter for IMR Case Number [REDACTED] behaviors. Further UDS does not meet the criteria for medical necessity in this patient who is already on Fentanyl weaning program.

**(8) L4-5, L5-S1 Facet Injection under fluoroscopic guidance (if indicated) at 1-2 week intervals:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain Facet injection

**Decision rationale:** The CA MTUS did not fully address the indications or criteria for lumbar facet injections. The indications for lumbar facet injections is fully addressed in the Low Back section of the ODG. The indications are subjective and objection diagnosis of lumbar facet syndrome in a patient who have failed conservative management with NSAID and physical therapy. Lumbar radiculopathy and previous lumbar fusion surgery must be excluded. This patient did not meet the criteria for lumbar facet injections. The patient is currently on gabapentin for the treatment of lumbar radiculopathy. The medical records did not show subjective or objective finding of lumbar facet syndrome.