

Case Number:	CM14-0001292		
Date Assigned:	06/11/2014	Date of Injury:	01/14/2013
Decision Date:	07/14/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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. 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 23-year-old male who reported an injury on 01/14/2013 due to an unknown mechanism. The injured worker complained of pain in the lumbosacral spine, radiating down to the bilateral lower extremities. On 11/05/2013, the physical examination revealed moderate pain with palpation of paraspinal muscles. Active range of motion of the lumbar spine was noted to be flexion 70 degrees, extension 20 degrees, left lateral bending 20 degrees, and right lateral bending 20 degrees. The provocative maneuvers straight leg raising test was positive. The injured worker's current diagnosis is sprain/strain to the lumbar region. The injured worker was taking the following medications naproxen sodium 550mg, pantoprazole sodium DR 20mg, and tramadol HCl ER 150mg. The current treatment plan is for retrospective flurb/tram and gaba/amitrip/dextro for the lumbar spine 11/05/2013. The rationale and request for authorization form were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE FLURB/TRAM, GABA/AMITRIP/DEXTRO FOR THE LUMBAR SPINE, DATE OF SERVICE 11/5/2013: Upheld

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

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

Decision rationale: The request for retrospective flurb/tram, and gaba/amitrip/dextro for the lumbar spine 11/05/2013 is non-certified. The injured worker has a history of pain and spasms to the lumbar region. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation provided for review, there was no indication that the injured worker had any trials of antidepressants or anticonvulsants. The documentation provided does not establish medical necessity for the use of this medication. In addition, the dose, frequency, and duration were not provided for the proposed use of this medication. Given the above, the request for retrospective flurb/tram, and gaba/amitrip/dextro for the lumbar spine 11/05/2013 is non-certified.