MAXIMUS Federal Services

Case Number:	CM14-0012098		
Date Assigned:	02/21/2014	Date of Injury:	01/24/2004
Decision Date:	08/04/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational Medicine, and is licensed to practice in California. 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 60-year-old female who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, lumbosacral radiculitis, chronic pain in coccyx, lumbar facet joint pain, muscle spasms, and sacroiliitis, associated with an industrial injury date of January 24, 2004. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 1/24/14, showed a pain score of 8/10; it has ranged from 7/10 occasionally to 9/10 after work. She cannot sit fully upright and kept alternating weight from one hip to the other to relieve pain over her sacrum and coccyx. There was severe pain over the lower half of sacrum and over the coccyx. There was constant aching pain over lumbosacral spine, bilateral S1 joints, upper buttocks, and hips. There were frequent muscle spasms to buttocks and posterior thighs. The severity of pain waked her up throughout the night. Physical examination revealed moderate tenderness and tightness across the lumbosacral region extending from the lumbar spine to bilateral S1 joints to bilateral trochanters. Severe tenderness over lower half of sacrum and coccyx was noted. There was restricted range of motion of the lumbar spine. There were positive straight-leg-raises bilaterally which elicited pain over lumbosacral spine, coccyx, and ipsilateral thigh. Moderate tenderness over bilateral bursas was noted. Sensory exam revealed hypoesthesia over lateral left leg including thigh, calf and lateral left foot. Deep tendon reflexes were present, but hard to elicit, while hyporeflexia was noted at the bilateral patella and ankles. Treatment to date has included chiropractic therapy; bilateral L3, L4, L5, sacral ala, and S1 dorsal ramus medial branch nerves radiofrequency rhizotomy under fluoroscopy guidance; and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Flurbiprofen /Ketamine/ Cyclobenzaprine/ Gabapentin/ Lidocaine/ Prilocaine, three day supply, #60, with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: As noted on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Cyclobenzaprine is not recommended for use as a topical analgesic. Gabapentin is not supported for use in a topical formulation. Topical formulations of Lidocaine and Prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, compounded products were prescribed as adjuvant therapy for oral medications. However, there is no discussion concerning the need for six different topical medications. In addition, certain components of this compound are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary.