

Case Number:	CM14-0018181		
Date Assigned:	04/16/2014	Date of Injury:	01/31/2013
Decision Date:	07/14/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

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 Internal Medicine and is licensed to practice in New York. 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 25 year old male who was injured on 01/31/2013 after rolling and lifting approximately 50 carpets weighing approximately 30 lbs. Her diagnosis is chronic low back pain secondary to lumbosacral discogenic disease. Prior treatment history has included physical therapy, acupuncture, TENS unit, Medrox patch, Toradol, Vicodin, Methocarbamol, and Toradol injections. Diagnostic studies reviewed include Electrodiagnostic study dated 06/24/2013 demonstrates lumbosacral plexopathy from lower extremity entrapment without motor deficit; Findings of sensory conduction study suggest pathology. The MRI of the lumbar spine dated 03/31/2013 show a 2 mm central focal disc protrusion at L3-L4 abutting thecal sac. At L5-S1, there is a 6.7 mm central focus disc protrusion posteriorly displacing S1 nerve roots producing spinal canal narrowing with posterior annular tear/fissure noted. There is straightening, lumbar lordosis, possibly due to myospasm. Electrodiagnostic dated 03/20/2013 show lumbar radiculopathy versus peripheral neuropathy. Nerve conduction study and SSEP studies reveal left peroneal SEP prolonged as compared to the right. Otherwise, study was within normal limits. The progress note dated 11/26/2013 reports the patient presents with increased low back pain rates 8.5/10. It is sharp and achy in nature radiating to bilateral lower extremities with tingling and soreness. She declined an epidural injection. She reports the acupuncture is not helping the pain. On exam, straight leg raise test is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL CREAM COMPOUND: GABAPENTIN 10%, LIDOCAINE 10%, TRAMADOL 15%, 240G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are recommended as an option of treatment, for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient was diagnosed with Lumbosacral disc herniation. Cyclobenzaprine is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. Medical necessity for the requested service has not been established. The requested item is not medically necessary.

TOPICAL CREAM COMPOUND: FLURBIPROFEN 25%, CYCLOBENZAPRINE 2%, 240G: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are recommended as an option of treatment, for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document the patient was diagnosed with Lumbosacral disc herniation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Medical necessity for the requested service has not been established. The requested item is not medically necessary.