

Case Number:	CM14-0111838		
Date Assigned:	08/01/2014	Date of Injury:	06/14/2005
Decision Date:	09/16/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 57-year-old male with date of injury of 06/14/2005. The listed diagnoses per [REDACTED] dated 06/06/2014 include; postlaminectomy syndrome, lumbar disk disease, lumbar radiculitis, and sacroiliitis. According to this report, the patient continues to experience constant low back pain and constant moderate to severe left sciatica pain with numbness radiating to the toes. He states that he is getting worse. The pain increases with activity, and his ADLs are severely limited. The objective findings show the patient appears to be well nourished, well groomed, in no acute distress. The patient ambulates with an antalgic gait favoring his left leg. There is a well-healed midline surgical scar consistent with his prior surgery. Lumbar spine range of motion is limited to pain. There is tenderness to palpation at the lumbar region. Pelvic compression test is positive and 3+ tenderness to palpation over the SI joint. The utilization review denied the request on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laxacin # 100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: This patient presents with low back pain. The physician is requesting Laxacin, quantity 100. The MTUS guidelines states the prophylactic treatment of constipation should be initiated when opioids are prescribed. It appears that the patient has not tried Laxacin in the past. The patient's current list of medications includes Trazodone, Gabapentin, Norco, and Anaprox. In this case, MTUS does allow the prophylactic treatment of constipation when opioids are prescribed. Therefore, this request is medically necessary.

Gabacyclotram 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (chondroitin sulfate) Page(s): 50.

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

Decision rationale: This patient presents with low back pain. The physician is requesting Gabacyclotram 180 gms. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants are failed. The MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Gabacyclotram contains Gabapentin and Cyclobenzaprine. In this case, Tramadol, Gabapentin and Cyclobenzaprine are not recommended in topical formulation. Therefore, this request is not medically necessary.