

Case Number:	CM14-0135067		
Date Assigned:	08/27/2014	Date of Injury:	02/28/2007
Decision Date:	09/23/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 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:

Medical records reflect the claimant is a 58 year old male who sustained a work injury on 2-28-07. The claimant slipped and fell striking an object. The claimant has chronic discogenic low back pain, radiculopathy of the lower extremities and myofascial pain syndrome. The claimant has been treated with physical therapy, chiropractic therapy, TENS unit, massage, acupuncture, medications, lumbar epidural steroid injections, facet injections. Most recent exam notes the claimant has positive SLR (straight leg raise) on the right, range of motion with pain. DTR (deep tendon reflexes) are decrease at the knees and ankles on the right and normal on the left. The claimant has sensory deficits at anterior lateral thigh, mid dorsal foot on the right. The claimant has muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical cream Lidocaine, Gabapentin, Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - topical compounds.

Decision rationale: Chronic Pain medical Treatment Guidelines as well as ODG notes that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation to support the use of this compound or that the claimant failed first line of treatment or that he is intolerant to oral medications. Additionally, there is an absence in documentation noting the functional benefit or quantification of benefit with transdermal compound. Therefore, the medical necessity of this request is not reasonable or medically indicated.