

Case Number:	CM14-0151515		
Date Assigned:	09/19/2014	Date of Injury:	02/05/2004
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 Pain Management 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 injured worker is a 58-year-old right-hand dominant male who sustained work-related injuries on February 5, 2004. He underwent an Agreed Medical Examination on June 6, 2012 and he was determined as 59% whole person impairment. He underwent a urine drug screening test on September 5, 2013 and the results detected were consistent with prescribed medications. Per the August 11, 2014 progress notes, the injured worker returned to his provider for a follow-up visit. He complained of pain in his lumbar spine and bilateral legs. He further reported that his pain levels have been about the same and he continued to have pain after doing any activity. He has sleep troubles and cramps on the right side of his lumbar spine down to his right leg. He stated that, overall, his pain rated at 7/10 and his medications cover about 61-70% of his current discomfort. The cervical spine examination noted trigger points at the suboccipital muscle insertions with the right greater than the left paraspinal diffuse tenderness. The range of motion was mildly limited in all direction. The lumbosacral spine examination noted trigger points at upper outer quadrant of the buttocks, paraspinal muscle tenderness, and mild spasms. Sacroiliac tenderness was also noted. Upper and lower extremity reflexes were 1+. The gait was slightly broad-based. He is diagnosed with (a) spinal enthesopathy, (b) lumbago, (c) cervicgia, (d) post-laminectomy syndrome cervical region, (e) post-laminectomy syndrome lumbar region, (f) chronic pain syndrome, and (g) non-dependent abuse of drugs tobacco use disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anti-inflammatory/Neuropathic 360gm compound cream-Flurbiprofen 50gm Gabapentin25gm Lidocaine 25gm SSLDS (base) 224gm, Tramadol 25gm, Amitriptyline 10gm, Clonidine 1gm: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, gabapentin is not recommended as there is no peer-reviewed literature to support this. Lidocaine is only recommended in the form of patches and not in compounded form. Therefore, the medical necessity of the requested anti-inflammatory/neuropathic 360gm compound cream with Flurbiprofen 50gm, Gabapentin25gm, Lidocaine 25gm, 224gm, Tramadol 25gm, Amitriptyline 10gm, and Clonidine 1gm with 6 refills is not established.

1 prescription for Enoval RX Cyclobenzaprine 3% 360gm with 6 re: Upheld

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

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

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, there is no evidence for use of any other muscle relaxant as a topical product, this includes Cyclobenzaprine. As the request is to use Cyclobenzaprine as a topical product, the medical necessity of the requested 1 prescription for Enoval RX Cyclobenzaprine 3% 360gm with 6 refills is not established.

1 prescription for Enoval RX Lidocaine 5% 360gm with 6 refills: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend Lidocaine only in patch form. There are no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. As the request is for Lidocaine as a topical cream, the medical necessity of the requested 1 prescription for Enoval Rx Lidocaine 5% 360gm with 6 refills is not established.

1 prescription for Enoval RX Naproxen 10% 360gm with 6 refills: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical nonsteroidal anti-inflammatory drugs are indicated only for osteoarthritis and tendinitis specifically of the knee and elbow or other joints that are amenable to topical treatment. In this case, the injured worker does not exhibit any of the above mentioned indication. Also, the main problem of this injured worker is focused on the cervical and lumbar spine. With this, guidelines indicate that there is little evidence to utilize topical nonsteroidal anti-inflammatory drugs for treatments of osteoarthritis of the spine, hip, or shoulder. It is also not indicated for neuropathic pain. Therefore, the medical necessity of the requested Enoval Rx Naproxen 10% 360gm with 6 refills is not established.