

Case Number:	CM14-0154694		
Date Assigned:	09/24/2014	Date of Injury:	02/11/2012
Decision Date:	12/03/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 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 (IW) is a 66-year-old man with a date of injury of February 11, 2012. The mechanism of injury occurred when he sustained a crush injury to his left foot and amputation of the left great toe when his left foot was run over by a forklift. He is status-post irrigation and debridement, open reduction and percutaneous pinning of the left great toe interphalangeal joint on February 29, 2012 and status post laminectomy secondary to multiple myeloma on October 3, 2013. The IW was diagnosed with a herniated nucleus pulposus on the lumbar spine; thoracic lumbar spine compression fracture secondary to multiple myeloma; lumbar radiculitis; phantom limb pain, rule out Reflex Sympathetic Dystrophy; and multiple myeloma. Pursuant to the progress note dated August 19, 2014, the IW complained of pain at the site of the great toe amputation and low back pain with sitting. A lumbar MRI (date not indicated) was noted to show a 2 mm disc protrusion at L3-L4m L4-L5 disc protrusion, and L5-S1 disc protrusion. The amputation site of the toe was well healed. He was unable to extend the second digit. There was tenderness to light touch. There was tenderness to palpation of the thoracic spine. Straight leg raise test was positive on the left at 40 degrees. There was diminished sensation over the left-sided L4, L5, and S1 dermatomes. He was noted to be in the chronic phase of treatment with reports of objective improvement with thoracic tenderness and motion and objective improvement in the lumbar spine with tenderness, motion and strength. He has functional restoration with activities of daily living, but not regarding work ability with the lumbar spine. He had continued pain and developed treatable sequelae of gastric side effects from the primary injury. Omeprazole for gastric protection and Gabapentin were prescribed. The IW continues aquatic therapy twice a week for 4 weeks for the thoracic and lumbar spine. The provider recommended topical compound creams, Neurontin, Protonix, chiropractic care, medical food,

an interferential unit, cold therapy unit, functional capacity examination, x-rays, MRI of the lumbosacral spine, EMG/NCV studies of the lower extremities and disability for 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND: CYCLOBENZAPRINE/LIDOCAINE 10%/3/5% (120 GM): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical cyclobenzaprine/lidocaine cream 10%/3.5% #120 g is not medically necessary. Top-level visits are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants into convulsions have fail. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. The guidelines indicate there is no evidence for use of any muscle relaxant as a topical product. In this case, the injured worker is 66 years old. He sustained a crush injury to left foot amputation of left great toe. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine) that is not recommended, not recommended. Consequently, topical cyclobenzaprine/lidocaine cream 10%/3.5% #120 g is not medically necessary. Based on the clinical information and medical record in the review evidence-based guidelines, topical cyclobenzaprine/lidocaine cream 10%/3.5% #120 g is not medically necessary.