

Case Number:	CM14-0171431		
Date Assigned:	10/23/2014	Date of Injury:	03/11/2010
Decision Date:	11/25/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Medicine and is licensed to practice in Arizona. 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 61 year old male with a date of injury on 3/11/2010. Diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, neck pain, and gastroesophageal reflux. Subjective complaints are of back and left lower extremity pain. His pain was rated at 6-7/10 without medications, and 3-4/10 with medications. Physical exam shows tender lumbar paraspinal muscles, and reduced sensation in the left L5 dermatome. Medications include Motrin, Omeprazole, Desyrel, topical pain ointment, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Pain Cream (Ketamine 5%, Bupivacaine 1%, Diclofenac 3%, Soma 4%, Doxepin 3%, Gabapentin 6%, Orphenadrine 5%, Pentoxifyline 3%): Upheld

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

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

Decision rationale: The CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Guidelines do not recommend topical Tramadol, Gabapentin, and Doxepin as no peer-reviewed literature

support their use. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Ketamine is noted as being under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Therefore, the use of this compounded medication is not consistent with guideline recommendations and the medical necessity is not established.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The CA MTUS guidelines indicate that the use of Cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse effects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Cyclobenzaprine. Due to clear guidelines suggesting Cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for Cyclobenzaprine is not medically necessary.