

Case Number:	CM14-0176729		
Date Assigned:	10/30/2014	Date of Injury:	09/21/2012
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 41-year old with an injury date on 9/21/12. Patient complains of worsening lower back pain rated 6/10 per 9/17/14 report. Patient's right knee pain is not asymptomatic, decreasing in pain from 2/10 from last visit per 9/17/14 report. Based on the 8/8/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar spine musculoligamentous s/s with radiculitis. 2. Lumbar spine disc protrusion. 3. History of lumbar spine discogenic disease per the patient's history, left piriformis syndrome. 4. Right knee s/s compensatory to altered gait secondary to lumbar spine pain. 5. Depression. 6. Sleep disturbance secondary to pain. Exam on 8/8/14 showed "straight leg raise positive bilaterally. Restricted L-spine range of motion. Patient's treatment history includes chiropractic therapy, extracorporeal shockwave therapy, psychiatric evaluation, and medication. [REDACTED] is requesting retrospective flurbiprofen #180 with 0 refills to include flurbiprofen, cyclobenzaprine, alba-derm base on 8/8/14 and retrospective gabapentin 100% #180 with 0 refills to include tramadol, gabapentin, menthol, camphor, capsaicin, alba-derm. The utilization review determination being challenged is dated 9/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 3/26/14 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen #180 with 0 refills to include Flurbiprofen, Cyclobenzaprine, Alba-Derm Base on 8/8/2014: Upheld

Claims Administrator 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, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic; Salicylate topicals Page(s): 111-113; 105.

Decision rationale: This patient presents with lower back pain. The treater has asked for retrospective Flurbiprofen #180 with 0 refills to include flurbiprofen, cyclobenzaprine, alba-derm base on 8/8/14 on 8/8/14 . Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend any muscle relaxant for topical use. In this case, topical Cyclobenzaprine is not indicated per MTUS guidelines. Therefore, the requested compound topical cream would not be considered medically necessary. Therefore, Retrospective request for Flurbiprofen #180 with 0 refills to include Flurbiprofen, Cyclobenzaprine, Alba-Derm Base on 8/8/2014 is not medically necessary.

Retrospective request for Gabapentin 100% #180 with 0 refills to include Tramadol, Gabapentin, Menthol, Camphor, Capsaicin, Alba-Derm on 8/8/2014: Upheld

Claims Administrator 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, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; topical analgesic Page(s): 105; 111-113.

Decision rationale: This patient presents with lower back pain. The treater has asked for retrospective - Gabapentin 100% #180 with 0 refills to include tramadol, gabapentin, menthol, camphor, capsaicin, alba-derm on 8/8/14 on 8/8/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not recommend any muscle relaxant for topical use. In this case, topical gabapentin is not indicated per MTUS guidelines. Therefore, the requested compound topical cream would not be considered medically necessary. Therefore, Retrospective request for Gabapentin 100% #180 with 0 refills to include Tramadol, Gabapentin, Menthol, Camphor, Capsaicin, Alba-Derm on 8/8/2014 is not medically necessary.