MAXIMUS Federal Services

Case Number:	CM14-0024530		
Date Assigned:	06/11/2014	Date of Injury:	05/02/2012
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 21-year-old female injured on May 2, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 7, 2014, indicates that there are ongoing complaints of low back pain. Previous treatment has included narcotic pain medication, Votaren, the use of the TENS (transcutaneous electrical nerve stimulation) unit and Valley View topical cream. Pain relief without medications was stated to be 10/10 and with medications was 6/10. Medication usage was stated to improve the injured employee's function, increase mobility and improve tolerance of activities of daily living and home exercise. The physical examination demonstrated tenderness to the lumbar spine as well as increased pain lumbar flexion and extension. There was decreased lumbar spine range of motion and a positive bilateral straight leg raise. There was a normal lower extremity neurological examination. The diagnosis on this date was lumbar degenerative disc disease. A lumbar spine MRI and lower extremity bilateral nerve conduction studies were recommended. A request had been made for a topical compounded medication and was not certified in the pre-authorization process on January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

W #5 KTGCAC (KET, TRAM, GABA, CYCL, AMYTRIP, CLONIDINE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded topicals.

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

Decision rationale: The request for this compounded topical medication is not supported by the Chronic Pain Medical Treatment Guidelines which only recommends the usage of NSAIDs (non-steroidal anti-inflammatory drugs), lidocaine and capsaicin. Gabapentin, cyclobenzaprine, and clonidine are specifically not recommended as there has been shown to be no peer-reviewed medical literature to support their use in a topical preparation. Ketamine is only recommended for treatment for neuropathic pain refractory cases for all other primary and secondary measures of treatment have been exhausted. There is no evidence in the attached medical record that the injured employee has exhausted all other mechanisms of treatment. The request for W #5 KTGCAC (ket, tram, gaba, cycl, amytrip, clonidine) is not medically necessary or appropriate.