

Case Number:	CM14-0026220		
Date Assigned:	06/13/2014	Date of Injury:	11/02/2011
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/01/2014

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 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 39 year old male who was injured on 11/02/2011 while he was lifting propane tank weighing about 60 pounds and he injured his lower back. Prior treatment history has included acupuncture. On 01/23/2014 he was given Terocin patches. The patient underwent a lumbar fusion, date unknown. Diagnostic studies were not submitted for review. Progress note dated 01/23/2014 documents the patient is status post lumbar fusion with residual pain. He rates his pain at 8/10 and the pain is associated with numbness and tingling of the right lower extremity. He experiences stress, anxiety and depression as well as sexual dysfunction. Objective findings on examination reveal a well healed surgical incision 1. The patient is unable to perform heel-toe walk. There is 2+ tenderness at the lumbar bilateral PSISs. There is bilateral lumbar paraspinal muscle guarding. He has a decreased range of motion in the lumbar spine and straight leg raise is positive along with Braggard's and sitting rod tests. There is slightly decreased sensation in bilateral lower extremities. Motor strength is 5/5 on right and 4/5 on left. DTRs 1+ on right and 2+ on the left. Diagnoses: 1. Status post fusion of lumbar spine. 2. Intervertebral disc displacement lumbar region. 3. Biomechanical lesions of lumbar region. 4. Radiculopathy lumbar region. 5. Sexual dysfunction 6. Anxiety disorder Utilization report dated 02/26/2014 for request for Compound 240 gr cyclobenzaprine 2%, flurbiprofen 25% and Compound 240 gr diclofenac 25%, tramadol 15% was denied due to the guidelines not recommending this for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND 240 GR CYCLOBENZAPRINE 2%, FLURBIPROFEN 25%: 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 CA MTUS guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.

COMPOUND 240 GR DICLOFENAC 25%, TRAMADOL 15%: 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 CA MTUS guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the CA MTUS guidelines, Tramadol is not recommended in topical formulation. Consequently, the request is not medically necessary according to the guidelines.