

Case Number:	CM14-0035914		
Date Assigned:	06/23/2014	Date of Injury:	10/11/2011
Decision Date:	07/23/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 is a 51-year-old male who reported an injury on 10/11/2011. The mechanism of injury was not provided for clinical review. The diagnoses included multilevel disc bulge of the lumbar spine, status post left inguinal surgery, chronic inguinal pain, anxiety, insomnia, and depression. Previous treatments included medication and surgery. The clinical note dated 01/14/2014, reported the injured worker complained of left sided inguinal hernia pain. He reported his hernia was repaired in 07/2012 with a mesh. The injured worker complained of low back pain described as constantly slight, intermediately moderate, and occasionally severe. The injured worker complained his pain radiated to his right lower extremity. The injured worker complained of worsening anxiety, depression, and insomnia. On physical exam, the provider noted tenderness to palpation of the left inguinal canal, tenderness to palpation with spasms of the paraspinals. The provider noted his range of motion of the lumbar spine was limited secondary to pain. The injured worker had a positive sitting root. The provider requested flurbiprofen/cyclobenzaprine and gabapentin/lidocaine/tramadol. However, a rationale was not provided for clinical review. The Request for Authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: 240gm Flubiprofen 25%, cyclobenzaprine 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20.

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

Decision rationale: The request for 240 g flurbiprofen 25%, cyclobenzaprine 2% is not medically necessary. The injured worker complained of left-sided inguinal hernia pain. He complained of low back pain, which he described as constantly slight, intermediately moderate, and occasionally severe. He reported the pain radiated to his right lower extremity. The injured worker complained of worsening anxiety, depression, and insomnia. The California MTUS Guidelines note topical analgesics are largely experimental in use, with few randomized control trials to determine efficacy or safety. The guidelines note any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical analgesics are indicated for osteoarthritis and tendonitis, in particular that of the knee and elbow, and other joints that are amicable to topical treatment. The guidelines recommend topical analgesics for short term 4 to 12 week use. The guidelines note there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the hip, shoulder, or spine. Cyclobenzaprine is not recommended; there is no peer reviewed literature to support the use. There is a lack of documentation indicating the injured worker had signs and symptoms or was diagnosed with osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker had been utilizing the medication for an extended period of time since at least 11/2013. In addition, the request does not specify a treatment site. In addition, the request as submitted failed to provide the frequency of the medication. Therefore, the request for 240 g flurbiprofen 25%, cyclobenzaprine 2% is not medically necessary.

Medication: 240gm Gabapentin 10%, lidocaine 5%, Tramadol 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20.

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

Decision rationale: The request for 240 g gabapentin 10%, lidocaine 5%, and tramadol 15% is not medically necessary. The injured worker complained of left-sided inguinal hernia pain. He complained of low back pain, which he described as constantly slight, intermediately moderate, and occasionally severe. He reported the pain radiated to his right lower extremity. The injured worker complained of worsening anxiety, depression, and insomnia. The Chronic Pain Medical Treatment Guidelines note topical analgesics are largely experimental in use, with few randomized control trials to determine efficacy or safety. The guidelines note any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical analgesics are indicated for osteoarthritis and tendonitis, in particular that of the knee and elbow, and other joints that are amicable to topical treatment. The guidelines recommend topical analgesics for short term use of 4 to 12 weeks. The guidelines note

that gabapentin is not recommended; there is no peer reviewed literature to support the use. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Tramadol is a centrally acting synthetic opioid analgesic, and is not recommended as a first line oral analgesic. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted did not specify a treatment site. There is a lack of documentation indicating the injured worker had signs and symptoms or was diagnosed with osteoarthritis. Additionally, the injured worker had been utilizing the medication for an extended period of time, since at least 11/2013, which exceeds the guidelines' recommendations of 4 to 12 weeks. The request as submitted failed to provide the frequency of the medication. Therefore, the request for 240 g gabapentin 10%, lidocaine 5%, and tramadol 15% is not medically necessary.