MAXIMUS Federal Services

Case Number:	CM14-0051067		
Date Assigned:	07/07/2014	Date of Injury:	06/02/2012
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery in May 2013; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a request for several topical compounded medications, partially certified Tylenol No.3 for weaning purposes, and approved ibuprofen. The applicant's attorney subsequently appealed. In a June 25, 2014 progress note, the applicant presented with multifocal mid back, low back, neck, and shoulder pain. The applicant was given prescriptions for Tylenol No.3 and Motrin. The applicant was given a rather proscriptive 10-pound lifting limitation which, per the attending provider, the applicant's employer was unable to accommodate. Acupuncture was pending, it was stated. It was stated that the applicant was status post surgery; however, the attending provider did not state what surgery had transpired and/or when said surgery had taken place. In a medical-legal evaluation of May 13, 2014, it was stated that the applicant had undergone multilevel lumbar hemilaminectomy, decompression, and foraminotomy on May 24, 2013, which was reportedly not beneficial. The applicant was using Tylenol with Codeine, Robaxin, and Motrin, it was suggested at this point in time. On May 15, 2014, the applicant again presented with severe multifocal mid back, low back, neck, and shoulder pain. Acupuncture, Tylenol No.3, Motrin, and a pain management consultation were sought. A rather proscriptive 10-pound lifting limitation was endorsed, which the attending provider stated the applicant's employer was unable to accommodate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound (Lidocaine 6%, Gabapentin 10%, Tramadol 10%) #180gm with 2 refills: 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 topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin, one of the primary ingredients in the compound, is specifically not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Topical compound (Flubiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) #180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither baclofen nor cyclobenzaprine, a muscle relaxant, are recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Tylenol #3 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In

this case, however, the applicant is off of work. A rather proscriptive 10-pound lifting limitation remains in place. There is no evidence of appropriate analgesia achieved as a result of ongoing Tylenol No. 3 usage. Rather, the applicant continues to report severe pain, seemingly unchanged, from visit to visit. The attending provider has not outlined any improvements in terms of activities of daily living achieved as a result of ongoing Tylenol No.3. usage. Therefore, the request is not medically necessary.