

<b>Case Number:</b>	CM14-0092431		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 45 year-old male who reported an injury on 08/07/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included low back surgery on 01/16/2014. The injured worker was evaluated on 03/05/2014. Physical findings included tenderness to palpation of the paraspinal musculature with restricted range of motion. The injured worker's diagnoses included status post bilateral L4-5 and L5-S1 decompression surgery. The injured worker's treatment plan included postoperative physical therapy. A request was made for Ultracin topical lotion, Norco, and Neurontin. However, no justification for the request was provided. There was no request for authorization form submitted within the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracin topical lotion 120ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested medication is a compounded medication that contains Menthol, Methyl Salicylate, Capsaicin, and Lidocaine. California Medical Treatment Utilization Schedule does support the use of Methyl Salicylate and Menthol for osteoarthritic related pain. However, California Medical Treatment Utilization Schedule does not support the use of Lidocaine in a cream or gel formulation as it is not FDA approved to treat neuropathic pain. Furthermore, California Medical Treatment Utilization Schedule does not support the use of Capsaicin in the absence of documentation that the injured worker has failed all first line treatments. The clinical documentation does not provide any evidence that the injured worker has failed to respond to first line medications such as anticonvulsants and antidepressants. Additionally, the request as it is submitted does not clearly define an applicable body part. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Ultracin topical lotion 120 mL is not medically necessary or appropriate.

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of pain relief or functional benefit resulting from medication usage. The clinical documentation submitted for review does not provide any evidence that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #90 is not medically necessary or appropriate.

**Neurontin #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Anti-Epileptics Page(s): 16 and 60.

**Decision rationale:** California Medical Treatment Utilization Schedule does recommend the use of anticonvulsants as a first line medication in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends that all medications used in the management of chronic pain be supported by documented functional benefit and evidence of pain relief. The clinical documentation fails to identify any type of pain relief or functional benefit resulting from medication use. Additionally, the request as it is submitted does not

provide a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Neurontin #60 is not medically necessary or appropriate.