MAXIMUS Federal Services

Case Number:	CM14-0099391		
Date Assigned:	09/16/2014	Date of Injury:	04/01/2005
Decision Date:	11/25/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 Preventive 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:

According to the records made available for review, this is a 58-year-old male with a 4/1/05 date of injury. At the time (5/28/14) of Decision for Retrospective request for Keta/Flurb/Gaba/Lido/Baclo/Cyclo on 04/03/2014 and Retrospective request for Flurb/Gaba/Lido/Baclo/Cyclo on 4/3/2014, there is documentation of subjective (low back pain and bilateral knee pain) and objective (wide-based gait, decreased lumbar range of motion with some pain, tenderness to palpitation over the lumbar spinous processes and lumbosacral junction, right and left knee swelling, slight decreased range of motion of the knees, and positive bilateral knee crepitation) findings, current diagnoses (chronic lumbosacral musculoligamentous strain, lumbar degenerative disc disease, probable lumbar post laminectomy pain syndrome, L4-5 grade I spondylolisthesis, low back pain with sciatica, left ankle anterior impingement, ankle/foot degenerative joint disease, and knee degenerative joint disease), and treatment to date medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Keta/Flurb/Gaba/Lido/Baclo/Cyclo on 04/03/2014: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of chronic lumbosacral musculoligamentous strain, lumbar degenerative disc disease, probable lumbar post laminectomy pain syndrome, L4-5 grade I spondylolisthesis, low back pain with sciatica, left ankle anterior impingement, ankle/foot degenerative joint disease, and knee degenerative joint disease. However, the request for Keta/Flurb/Gaba/Lido/Baclo/Cyclo contains at least one drug (Gabapentin, Lidocaine, and Baclofen) and one drug class (muscle relaxants (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Keta/Flurb/Gaba/Lido/Baclo/Cyclo on 04/03/2014 is not medically necessary.

Retrospective request for Flurb/Gaba/Lido/Baclo/Cyclo on 4/3/2014: 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: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of chronic lumbosacral musculoligamentous strain, lumbar degenerative disc disease, probable lumbar post laminectomy pain syndrome, L4-5 grade I spondylolisthesis, low back pain with sciatica, left ankle anterior impingement, ankle/foot degenerative joint disease, and knee degenerative joint disease. However, the request for Flurb/Gaba/Lido/Baclo/Cyclo contains at least one drug (Gabapentin, Lidocaine, and Baclofen) and one drug class (muscle relaxants (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Flurb/Gaba/Lido/Baclo/Cyclo on 4/3/2014 is not medically necessary.