

Case Number:	CM14-0113555		
Date Assigned:	08/01/2014	Date of Injury:	10/25/1999
Decision Date:	01/14/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 37 year old female who sustained a work related injury on October 25, 1999. According to the treating pain management physician's progress report, dated May 19, 2014, the injured worker has a history of chronic lumbar lower back pain with previous lumbar surgery and recent revision with posterior fusion in February 2014. Since the recent surgery, radicular pain has improved but ongoing axial back pain and muscle spasms continued. She finds that the compound cream has been helpful and would like to start acupuncture which was helpful in the past. She has completed the first 2 of 18 approved physical therapy sessions. On physical examination there is no acute distress and no apparent loss of coordination. The pain is the same of the lower back described by the injured worker as; aching, burning, and tight. Straight leg raises on the right and left are 60 degrees and positive. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. There is pain noted over the lumbar intervertebral spaces (discs) on palpation. Palpation of the bilateral sacroiliac joint area reveals right and left sided pain. Palpation of lumbar paraspinal muscles was tender. Palpable twitch positive trigger points are noted in the lumbar paraspinal muscles. Anterior flexion of the lumbar spine is noted at 40 degrees to cause pain. Extension of the lumbar spine is 15 degrees and causes pain. Left and right lateral flexion of the lumbar spine is noted full at 25 degrees and causes no pain. The gait appears normal. Lower extremity sensation is decreased in the posterior and medial thighs bilaterally. The injured worker current medication is listed as Voltaren-XR 100mg tablet ER, dispense 30 tablets. The physician included a diagnosis of lumbosacral spondylosis without myelopathy and treatment plan consisting of continued compound cream holding off NSAIDS until the spinal fusion is complete, acupuncture 12 sessions for chronic back pain, schedule remaining physical therapy visits and continue activities as tolerated. Work status is listed as permanently temporarily disabled. A supplemental report from the pain management physician

dated June 17, 2014, reveals physical therapy and acupuncture has been helpful in improving function and range of motion and decreasing pain severity. Voltaren by mouth helps decrease pain without adverse side effects. Another request for topical compound cream had been denied for lack of documentation of failure of anti-convulsant or anti-depressants for pain. The physician noted that these medications were tried and not tolerated secondary to mood changes and/or lightheadedness. The injured worker has found relief from compound creams in the past. The physical examination reveals the same data as the evaluation May 19, 2014. The physician documents the treatment plan as; appeal denial of compound cream, continue physical therapy and acupuncture, and refill Voltaren by mouth. According to utilization review performed June 26, 2014, compound cream Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 10%, Gabapentin 6%, Lidocaine 2% # 180 grams is non-certified. Topical analgesics are primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsant have failed and when all primary and secondary treatment has been exhausted. The documentation does not reveal the injured worker has exhausted first line treatment recommendations. Voltaren XR 100mg #30 is non-certified as there is no documentation of failure of other classes of medication prescribed for chronic lower back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 10%, Gabapentin 6%, Lidocaine 2%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound analgesic preparations can be utilized in the treatment of localized neuropathic pain when standard treatment with NSAIDs or first line anticonvulsant and antidepressant medications cannot be tolerated or have failed. The guidelines recommend that topical preparations be tried and evaluated individually for efficacy. There is lack of guideline or FDA support for routine use of cyclobenzaprine, baclofen or Gabapentin in non- oral formulations. The records did not show that the patient have failed oral formulations of first line or alternative medications. The use of multiple NSAIDs in both oral and topical formulations is associated with increased incidence of NSAIDs related adverse effects. The subjective, objective, radiological findings and the diagnoses listed are related to chronic low back pain, not localized neuropathic pain. There is lack of guideline support for the use of topical ketamine for the treatment of chronic back pain. The criteria for the use of compound Ketamine 10%/ Baclofen 2%/ Cyclobenzaprine 2%/Ketoprofen 10%/Gabapentin 6%/ Lidocaine 2% was not met; therefore, the request is not medically necessary.

Voltaren XR 100mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the development of cardiac, renal and gastrointestinal complications. The records indicate that the patient had subjective and objective findings indicative of exacerbation of musculoskeletal pain. There is no reported adverse effect related to the use of Voltaren. The medication was noted to be effective. The criteria for the use of Voltaren XR 100mg #30 were met; therefore this request is medically necessary.