

Case Number:	CM14-0136624		
Date Assigned:	10/08/2014	Date of Injury:	01/14/2011
Decision Date:	03/27/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old male who reported an injury on 01/14/2011. The mechanism of injury was lifting. His diagnosis was noted as lumbar spondylosis. His past treatments were noted to include medication, rest, acupuncture, physical therapy, chiropractic care, and activity modification. His diagnostic studies were noted to include an official MRI of the lumbar spine performed on 02/08/2014, which was noted to reveal moderate multifactorial stenosis of the central spinal canal, and lateral recesses impinging upon the thecal sac in the region of the transversing L3 nerve rootlets at the L2-3 level, mild central canal stenosis with moderate lateral recess narrowing bilaterally at the L3-4 level, and mild biforaminal stenosis with neural compression at the L4-5 level. His surgical history was noncontributory. During the assessment on 07/03/2014, the injured worker complained of low back pain and rated the pain 7/10. He indicated that the pain was worse with standing and better with rest. The physical examination of the low back revealed tenderness to palpation of the paraspinal muscles, with no central tenderness. The range of motion of flexion and rotation were painful bilaterally, with no crepitus. His medications were not provided. The treatment plan was to request medial branch blocks to identify facet mediated pain. The rationale for the request was not provided. The Request for Authorization form was dated 07/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3, L4, L5 Medial Branch Block X 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint diagnostic blocks (injections)

Decision rationale: The request for bilateral L3, L4, L5, medial branch blocks x2, is not medically necessary. The Official Disability Guidelines indicate the criteria for diagnostic blocks for facet mediated pain include documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks, no more than 2 facet joint levels are injected in 1 session, and they are limited to patients with low back pain that is nonradicular, and at no more than 2 levels bilaterally. The request as submitted indicated that the requested blocks were for levels L3, L4, and L5 x2. The guidelines indicate that no more than 2 facet joint levels are injected in 1 session. Furthermore, there was no documentation that the patient had failed at least 4 to 6 weeks of conservative treatment prior to the request. Given the above, the request is not medically necessary.

2% Baclofen/ 2% Flexeril/ 3% Diclofenac/ 4% Gabapentin/ 2% Lidocaine/ 10% Ketamine - Compound 240gm #1 X 5 Refills: Upheld

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

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

Decision rationale: The request for 2% baclofen/ 2% Flexeril/ 3% diclofenac/ 4% gabapentin/ 2% lidocaine/ 10% ketamine -compound 240 gm, #1 X5 refills is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The requested compound cream contains baclofen, Flexeril, diclofenac, gabapentin, lidocaine, and ketamine. In regard to baclofen, it is not recommended by the guidelines. In regard to Flexeril, the guidelines do not recommend the use of topical muscle relaxants, as there is no evidence to support their use. In regard to topical gabapentin, the guidelines do not recommend the use of topical gabapentin, as there is no peer reviewed literature to support their use. In regard to topical lidocaine, the guidelines state that use of this product is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. In regard to ketamine, the guidelines state that it is only recommended for treatment of neuropathic pain and refractory cases in which all primary and secondary treatment has been exhausted. There was a lack of subjective complaints of neuropathic pain and adequate

documentation regarding failure of antidepressants and anticonvulsants. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. The frequency and application site for the proposed medication were also not provided. Moreover, the compound contains 1 or more drugs that are not recommended by the guidelines at this time. Given the above, the request is not medically necessary.