

Case Number:	CM14-0139911		
Date Assigned:	09/08/2014	Date of Injury:	10/22/2001
Decision Date:	01/02/2015	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/28/2014

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 neck and bilateral upper extremity pain reportedly associated with an industrial injury of October 22, 2001. In a Utilization Review Report dated August 9, 2014, the claims administrator partially approved a request for gabapentin, denied a topical compound, approved a follow-up visit, conditionally denied Voltaren gel, and conditionally denied tramadol. The claims administrator stated that its decision was based on a June 5, 2014 progress note. The applicant's attorney subsequently appealed. In a November 21, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities, 8-9/10. The applicant was having difficulty sleeping. The applicant received recent epidural steroid injection. The applicant was given a diagnosis of lumbar radiculitis. A repeat epidural injection was sought. The applicant's work status was not furnished. In a September 29, 2014 progress note, the applicant reported 6-7/10 low back pain radiating into bilateral lower extremities, exacerbated by standing and walking. The applicant was having difficulty standing and walking for greater than two blocks, it was acknowledged. Epidural steroid injection therapy was again sought. The applicant's work status was not furnished. On September 24, 2014, it was stated that the applicant had a variety of comorbidities including asthma, sleep disturbance, hepatitis, and gastroesophageal reflux disease. The applicant's medication list included Gaviscon, Colace, and probiotics, it was acknowledged. On August 20, 2014, the applicant was asked to pursue psychological counseling. It was stated that the applicant needed 24-hour a day, seven-day a week, home health assistance, as well as medical transportation. On May 29, 2014, the applicant reported ongoing complaints of low back, left knee, bilateral hand, bilateral wrist, and elbow pain. Limited range of motion was noted. The applicant was given refills of Voltaren, tramadol, Ultram, Neurontin, and a topical compounded medication. The applicant's work status, once

again, was not clearly outlined, although it did not appear that the applicant was working. On November 21, 2014, the applicant reported 8-9/10 low back pain radiating into bilateral lower extremities. The applicant was having difficulty standing and walking greater than 5-10 minutes, it was acknowledged. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg # 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on Gabapentin should be asked (at each visit) as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant does not appear to be working. Ongoing usage of Gabapentin has failed to appreciably curtail the applicant's ongoing lumbar radicular complaints. The applicant continues to report pain complaints at 6-7/10 or greater, despite ongoing usage of Gabapentin. The applicant's ongoing usage of Gabapentin has failed to curtail the need for epidural steroid injection therapy. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was suggested on a November 21, 2014 progress note. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Gabapentin. Therefore, the request was not medically necessary.

Topical compound cream (Baclofen 2 %, Cyclobenzaprine, Flurbiprofen 15%, Lidocaine 5% and Hyaluronic Acid 0.2 %) 120gm with 2 refills: Upheld

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

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

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

