

<b>Case Number:</b>	CM14-0178218		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 injured worker is a 55 year-old male with a date of injury of October 29, 2013. The patient's industrially related diagnoses include cervical spine strain/sprain, shoulder impingement, shoulder sprain, carpal tunnel syndrome, thoracic spine strain/sprain, lumbar spine strain/sprain, and lumbar disc degeneration. Lumbar spine MRI on 12/19/2013 demonstrated L3-4, L4-5, L5-S1 ligamentous and facet hypertrophic changes. There was a 4-5 mm disc protrusion at L5-S1 with spinal stenosis, and a 3-4 mm disc protrusion at L4-5 with moderate spinal stenosis. Treatment to date includes chiropractic care and medications. The disputed issues are Calore 100mg, Gaba-Keto compound cream and bilateral medial branch block: L4-5, L5-S1. A utilization review determination on 10/2/2014 had non-certified these requests. The stated rationale for the denial of Calore was: "In regard to the request for 'Calore 100mg,' available review of lists of current medication does to list this as a medical dry; neither prescription nor over the counter. There is insufficient information about this treatment, why it was recommended or it's specific medical use in order to recommend certification. Therefore, non-certification of 'Calore 100mg' is recommended." The stated rationale for the denial of Gaba-Keto-Lido cream was: "Due to the above ingredients being not recommended for the above reason, non-certification of the compounded medications requested is recommended." Lastly, the stated rationale for the denial of the medial branch block was: "Within the medical information available for review, there is documentation of failure of conservative treatment (medication and chiropractic therapy) prior to the procedure for at least 4-6 sessions and no more than 2 joint levels to be injected in one session. However, given documentation of back and bilateral lower extremity pain, there is no documentation of low-back pain that is non-radicular. Therefore, certification of the requested medial branch block L4-5 and L5-S1 is not recommended."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Calore 100mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The expert reviewer found that no guidelines were applicable.

**Decision rationale:** Regarding the request for Calore 100mg., a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal identification of this medication (prescribed or OTC) or support for its use in the management of the cited injuries. Within the documentation available for review, no documentation was provided identifying what this medication was intended to treat or that this treatment provided improved outcomes as compared to other treatment options that are evidence-based and supported. Furthermore, there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested Calore 100mg is not medically necessary.

**Gaba-Keto compound cream:** 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 Page(s): 112.

**Decision rationale:** Regarding the request for Gaba-Keto compound cream, Chronic Pain Medical Treatment Guidelines state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Regarding topical Ketoprofen, guidelines state that this agent is not currently FDA approved for a topical application as it has an extremely high incidence of photocontact dermatitis. Additionally, guidelines state that topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. Given these guidelines, the Gaba-Keto compound cream is not medically necessary.

**Bilateral medial branch block: L4-5, L5-S1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Facet Joint Diagnostic Blocks (Injections) Topic.

**Decision rationale:** Regarding the request for lumbar medial branch block, guidelines state that one set of diagnostic medial branch blocks is required with a response of greater than or equal to 70%. They recommend medial branch blocks be limited to patients with lumbar facet joint pain that is non-radicular and at no more than 2 levels bilaterally. They also recommend that there is documentation of failure of conservative treatment including home exercise, physical therapy, and NSAIDs prior to the procedure. Guidelines reiterate that no more than 2 joint levels are injected in one session. Within the medical records available for review, the treating physician indicated that the injured worker had complaints of back pain and bilateral upper and lower extremity pain. Additionally, there was documentation of a positive Lasegue test bilaterally on physical examination on progress reports dated 5/12/2014 and 10/27/2014 suggestive of radicular symptoms. With evidence of radicular pain, the requested bilateral medial branch block: L4-5, L5-S1 is not medically necessary.