

Case Number:	CM14-0190446		
Date Assigned:	11/21/2014	Date of Injury:	02/17/2011
Decision Date:	01/09/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/14/2014

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:

This is a 49-year-old male with a 2/17/11 date of injury. He was most recently seen on 10/8/14 with complaints of moderate back pain radiating down the right leg. Exam findings revealed the patient was ambulating with a walker. There was tenderness along the midline and paraspinals as well as limited range of motion of the L spine and a mild degree of spasm with tenderness to deep palpation over the lumbar facet and SI joints. The diagnosis is lumbar fusion, failed back surgery syndrome, and chronic L5 and S1 radiculopathy. The plan was for the patient to resume cyclobenzaprine, Neurontin, and taper off Norco and Valium. he patient was given Tramadol. Treatment to date: medications, rest, heat, surgery, HEP, hydrotherapy, surgery (fusions at L3-S1)The UR decision dated 10/24/13 denied the request for diclo/lidocaine 3/5% given topical lidocaine in a cream formulation is not an approved formulation for neuropathic pain. The urine drug screen was denied, as there was no indication the patient had a high risk of medication abuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclo/lido 3/5% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patient's pain is being maintained with oral medications. There is no indication that this topical compound is necessary for pain control in this patient. In addition, topical lidocaine in a cream formulation is not recommended per MTUS guidelines. Therefore, the request for Diclo/lido 3/5% 180gm is not medically necessary.

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Urine testing in ongoing opiate management Page(s): 43, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. This patient's Norco and Valium are being tapered off. There is no documentation to support that this patient is at high risk for abuse of his medications. Therefore, the request for a urine toxicology screen is not medically necessary.