

Case Number:	CM14-0192353		
Date Assigned:	11/26/2014	Date of Injury:	06/03/2014
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 and Rehabilitation, 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:

This is a patient with a date of injury of 6/3/14. A utilization review determination dated 10/20/14 recommended non certification for the requested Flu/Bac/Cyc/Gab/Ket 120mg transdermal X 2 refills stating that topical NSAIDS are not indicated for low back pain and there is no documentation supporting why oral NSAIDS could not be tolerated, also the use of topical NSAIDS and Antiepileptic's are not supported by California MTUS. A progress report dated 10/6/14 indicates the patient complained of increased intermittent low back pain that was causing her to have trouble sleeping and interfering with daily functions. Objective findings indicate that the patient had mild difficulty standing from a seated position and a limp was noted favoring the right leg. Some tenderness was noted to the lumbosacral spine and she had painful range of motion. Diagnosis of Lumbar Spine Myofascitis with radiculopathy. Treatment plan discussed transdermal medications for the Lumbosacral spine, continue Norco and Chiropractic therapy as well as a psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flu/Bac/Cyc/GabKet 120gm transdermal x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Flu/Bac/Cyc/GabKet 120gm transdermal with 2 refills, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants and anti-epileptic drugs are not supported by the CA MTUS for topical use. Therefore, due to lack of guideline support for 2 of the constituents of this topical compound, the currently requested topical compound is not medically necessary.