

<b>Case Number:</b>	CM14-0197645		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 43-year-old male with a date of injury of August 21, 2012. The patient has low back pain with radiation. Physical exam shows tenderness to palpation of the lumbar spine. There is decreased range of motion. Sensory exam is normal. Reflexes are normal. Lumbar MRI from 2012 shows old changes at L4-5 with L5-S1 degenerative changes. Patient has diagnosis of discogenic back pain. Treatment to date include physical therapy, acupuncture, TENS unit and injections. Patient is also has medications. At issue is whether second opinion with a spine surgeon and other modalities are medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultraflex G:** 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 Topical analgesics Page(s): 111-113.

**Decision rationale:** Guidelines do not support the use of this medication for chronic low back pain. MTUS guidelines indicate that the compounded medicines for controlling pain or experimental. In addition any compounded product that contains obese 1 drug that is not

recommended is therefore not recommended. This medication includes gabapentin, cyclobenzaprine and tramadol. Cyclobenzaprine is not recommended for the use of chronic back pain. The patient does not have radiculopathy. Gabapentin is not recommended. Guidelines do not support the use of this drug and this drug is not medically necessary for the patient's chronic low back pain. In addition guidelines do not support the use of topical applications of compounded drugs for chronic pain. Therefore this medicine is not medically necessary and not supported by guidelines.

**Flurido - A:** 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 Topical analgesics.

**Decision rationale:** MTUS guidelines do not recommend the use of topical compounded agents for the treatment of chronic pain. In addition guidelines indicate that if the compounded product contains one drug that is not recommended then the medicine should not be used. Flurido A is a topical pain relieving medicine that includes amitriptyline and lidocaine in addition to NSAID medication. Amitriptyline is not recommended for use and chronic back pain patients. This medicine for topical pain relief consists of compounded medicines all of which are not recommended by guidelines for this patient. Therefore this medicine is not medically necessary and not supported by guidelines.

**Second Opinion Orthopedic Spine Surgeon Consult:** 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.

**Decision rationale:** The medical records indicate that this patient has long-standing degenerative back pain. There is no documented evidence of specific radiculopathy or specific new neurologic deficit. There is no documentation of instability fracture or tumor. Since there is no documentation of a recent change in the patient's degenerative lumbar condition or symptomatology, another opinion from another spine surgeon is not medically necessary.