

Case Number:	CM14-0199944		
Date Assigned:	12/10/2014	Date of Injury:	11/21/2013
Decision Date:	02/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

Patient is a 58 year-old male with date of injury 11/21/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/13/2014, lists subjective complaints as low back pain. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with guarding. Range of motion was restricted. Straight leg raise was positive bilaterally at 70 degrees. Diminished sensation in the L5-S1 distribution. Diagnosis: 1. Lumbar spine discopathy 2. Lumbar radiculopathy 3. Bilateral plantar fasciitis. The medical records supplied for review document that the patient was not prescribed the following medication before the request for authorization on 11/13/2014. Medication: 1. Gabapentin 10%, Lidocaine 5%, 180 grams 2. Baclofen 20%, Flurbiprofen 5%, L Carnitine 15%, 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Lidocaine 5% 180gm: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 10% Lidocaine 5% 180gm is not medically necessary.

Baclofen 2% Flurbiprofen 5%L carnitine 15%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Baclofen 2% Flurbiprofen 5%L carnitine 15% is not medically necessary.