

Case Number:	CM14-0205106		
Date Assigned:	12/17/2014	Date of Injury:	11/04/2012
Decision Date:	02/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old female with an 11/4/12 date of injury. At the time (10/2/14) of the request for authorization for Retrospective Cyclobenzaprine, Diclofenac, Lido, Ethoxy, Keto, transdermal base compound 240gm (dos:10/09/2014), there is documentation of subjective (increase in spinal pain, complete discomfort in the spine) and objective (trigger area in the left lumbar paraspinal musculature that is quite significant, another trigger area along the left iliac crest, this is exquisitely tender, midline tenderness is noted in the lumbar spine, muscle spasm is positive over the lumbar spine, decreased lumbar spine range of motion, spasm on lumbar range of motion is present, decreased pin sensation in the foot dorsum and posterolateral calf on the left, grade 4 plantar flexor and toe extensor on the left, left sacroiliac tenderness is noted on compression, sciatic nerve compression is positive on the left) findings, current diagnoses (L4-5 disc annular tear, disc herniation syndrome with facet syndrome, and discopathy with mechanical instability, lumbar spine), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine, Diclofenac, Lido, Ethoxy, Keto, transdermal base compound 240gm (dos:10/09/2014): 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 Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of L4-5 disc annular tear, disc herniation syndrome with facet syndrome, and discopathy with mechanical instability, lumbar spine. However, the requested Retrospective Cyclobenzaprine, Diclofenac, Lido, Ethoxy, Keto, transdermal base compound 240gm (dos:10/09/2014) contains at least one drug class (muscle relaxants (cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Cyclobenzaprine, Diclofenac, Lido, Ethoxy, Keto, transdermal base compound 240gm (dos:10/09/2014) is not medically necessary.