

Case Number:	CM14-0032616		
Date Assigned:	06/20/2014	Date of Injury:	05/02/2009
Decision Date:	01/30/2015	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/14/2014

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 Family Practice, 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:

Applicable Criteria/Guideline: CA MTUS, 2009, Chronic Pain Medical Treatment Guidelines, 9792.20-9792.26, pages 111-113 Date/First Report of Injury: 5/2/2009 Injured Worker Age, Gender and Complaints: This 35 year old male presented to his pain management provider on 11/20/13 with complaints of frequent neck pain, rated 7-8/10, with radiation into the bilateral upper extremities and with associated numbness and tingling sensation. He also complains of frequent low back pain, rated 6/10 with radiation to bilateral lower extremities. He notes that his back pain is aggravated with lifting. He also complains of anxiety, depression, stress and insomnia. According to the progress notes from the primary orthopedic treating provider dated 5/5/14, he complains of neck pain 7/10, right shoulder pain 5/10, left shoulder pain 5/10, right wrist and low back pain 8/10. He is reporting radicular pain from the lumbar spine along the right lower extremity which increases with ambulation. Treating/Referral Provider Findings: Per progress notes from primary orthopedic treating provider dated 5/5/14, cervical range of motion is limited in all directions. Foraminal compression test and shoulder depression tests are positive bilaterally. Exam of the lumbar spine revealed tenderness and spasm over the paralumbar muscles bilaterally. Lumbar range of motion is limited by pain in all directions. Orthopedic testing reveals a positive Kemp's test on the right, positive straight leg raise at 45 degrees bilaterally and Valsalva's maneuver is present. Range of motion of right wrist is limited by pain in all directions. Positive Phalen's, Tinel's and Finkelstein's testing on the right. Diagnostics: EMG/NCV of the bilateral lower extremities completed on 6/23/11 was normal. EMG/NCV completed on 6/6/12 revealed mild to moderate, acute on chronic L5-S1 radiculopathy on the right greater than left. The study revealed no evidence of peripheral neuropathy. MRI of the cervical spine completed on 5/1/14 revealed a 1-2mm central disc protrusion indenting the anterior cord with spinal stenosis at C3-4. MRI of Lumbar Spine completed on 5/1/14 revealed

transitional vertebral body at S1. At L5-S1, mild to moderate disc dessciation, disc space narrowing, and recurrent broad-based disc protrusion. There is mild to moderate left neural foraminal narrowing with moderate right neural foraminal narrowing. MRI of right wrist completed on 5/31/14 revealed tear of the radial attachment of the triangular fibrocartilage and mild extensor carpi ulnaris tendinosis. Conservative Treatment to Date with Results: Initial evaluation, completed by orthopedic provider on 7/8/09, revealed that injured worker denied taking any medications at that time. He was dispensed Tizanidine to decrease spasms, Naprosyn to decrease inflammation, Losec to protect the stomach and Gabadone to help with sleep. He was prescribed topical creams to decrease pain and chiropractic care to assist with range of motion. According to June 30, 2011 progress notes, from primary treating provider; the injured worker was treated with acupuncture. Per pain management progress notes on 12/7/11, injured worker received 60% of back and buttock pain relief for six weeks as a result of the second sacroiliac block at L5-S1. Office visit with pain provider on 1/18/12 revealed that injured worker underwent an SI joint injection but too early to determine benefits from injection. A higher dose of Neurontin was prescribed which caused itching, dizziness and difficulty sleeping. Neurontin was reduced to 600mg. Injured worker instructed to continue Ultram 50mg, three times per day for breakthrough pain and Lidoderm 5% patches. Pain management provider notes dated 5/8/13 revealed a current medication regimen of Ultram 50mg (which provides 50% symptomatic relief), Neurontin 400mg, Lidoderm patch 5% and Benadryl. Per orthopedic progress notes dated 6/17/13, the injured worker has received one epidural steroid injection to his cervical spine and three injections to the lumbar spine. The injured worker is taking/has been prescribed refills for Buspirone, Escitalopram, Estazolam, Relafen 750 mg, Prilosec 20mg, Theramine and a topical analgesic cream. 7/22/13 progress notes revealed injured worker was taking Theramine, Omeprazole and Nabumetone. He is allergic to Norco. Physical therapy was requested. Per 8/28/13 report from pain management provider, current medications included Neurontin 600mg, Lidoderm patch 5% and Omeprazole 20mg which provided him with 60% symptomatic relief. He continues with a home exercise program. According to progress notes from the pain management provider dated 11/20/13, his current medications include Neurontin 600mg and Lidoderm patches, which provided 50% relief in his pain. He reports side effects of dry mouth, headaches, and sleepiness with the medication. He notes that he is not participating in physical therapy at this time. Treatment has included narcotics, NSAIDs, antispasmodic medications and muscle relaxants. According to progress notes from the primary orthopedic treating provider dated 5/5/14, he is engaged in a home exercise program, physical therapy and a wrist support was ordered. Diagnoses: Post lumbar discectomy, L5-S1 2/2/2010; Bilateral lower extremity neuropathic pain, Disc protrusions L2-L3, L4-L5 and L5-S1, Bilateral sacroiliitis, Lumbar radiculopathy, C3-C6 Disc protrusion; anxiety and depression secondary to pain; Chronic low back pain; myofascial spasm and musculoskeletal pain, Chronic pain syndrome, elevated liver function testing and herniated nucleus pulposus at C3-C4 and C4-5 Disputed Service(s): 120gm Baclofen 20%: Cyclobenzaprine 2%: Ketoprofen 15%: Ketamine 10%: 120gm Diclofenac 10%: Ketoprofen 10%: Gabapentin 10% and Lidocaine 5% denied on 2/17/14. This request does not meet MTUS, Chronic Pain Medical Treatment Guidelines, as any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended as there is no peer reviewed literature to support the use of topical baclofen. Per MTUS, Voltaren gel (diclofenac sodium) is the only topical NSAID that is FDA approved but has not been evaluated for treatment of the spine, hip or shoulder. Cyclobenzaprine is a muscle relaxant not specifically listed in MTUS however falls under the "other muscle relaxants"

category that states, there is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended per MTUS as there is no peer reviewed literature to support. Lidocaine in the form of a topical cream, lotion or gel is not approved per MTUS for neuropathic pain usage. Ketamine is under study. It has only been recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results.

IMR ISSUES, DECISIONS AND RATIONALES

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

120gm Baclofen 2%; Cyclobenzaprine 2%; Ketoprofen 15%; Ketamine 10%; 120gm Diclofenac 10%; Ketoprof QTY:1.00: 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: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety; primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy. Therefore, this request is not medically necessary.