

Case Number:	CM15-0005246		
Date Assigned:	01/16/2015	Date of Injury:	12/19/2002
Decision Date:	03/18/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a male, who sustained an industrial injury on 12/19/2002. On provider visit dated 12/03/2014 the injured worker has reported low back pain, left leg numbness and weakness. On examination he was noted to have tenderness over the paraspinal musculature lumbar region and midline of the lumbar spine, muscle spasm positive on the lumbar spine, decreased range of motion, and left sacroiliac tenderness noted. The diagnoses have included lumbar spine discopathy. Treatment plan included Diclofenac XR 100mg #30, Lorazepam 1mg #30 and Gaba/Cyclo/Keto/Caps/Menthol/Camp topical, 240gm. On 12/24/2014 Utilization Review non-certified Lorazepam 1mg #30 and Gaba/Cyclo/Keto/Caps/Menthol/Camp topical, 240gm. The CA MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with lower back pain, left leg numbness/weakness. The treater has asked for LORAZEPAM 1MG #30 on 12/3/14. The patient has been taking Lorazepam since 11/5/14 report. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient has a chronic pain condition. The patient has been taking Lorazepam for 4 weeks as of 12/3/14, and the treater is requesting another month-long supply. MTUS does not recommend long-term use of benzodiazepines. The request IS NOT medically necessary.

Gaba/Cyclo/Keto/Caps/Menthol/Camp topical, 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Salicylate topicals Page(s): 111-113,105.

Decision rationale: This patient presents with lower back pain, left leg numbness/weakness. The treater has asked for GABA/CYCLO/KETO/CAPS/MENTHOL/CAMP TOPICAL 240G on 12/3/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the patient presents with a chronic pain condition. The requested compounded topical cream, however, is not indicated per MTUS guidelines. As topical muscle relaxants "i.e. Cyclobenzaprine" are not indicated, the entire compounded topical cream is also not indicated for use. In addition, the patient does not present with arthritis or tendinitis of the peripheral joints for which this topical medication is indicated. The request IS NOT medically necessary.