

Case Number:	CM15-0006465		
Date Assigned:	01/21/2015	Date of Injury:	05/28/2008
Decision Date:	04/17/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51 year old male, who sustained an industrial injury on May 28, 2008. His diagnoses include lumbosacral spondylosis without myelopathy. He has been treated with knee braces, cane, topical compound cream and pain medication, a medial branch block at lumbar 4, lumbar 5, and sacral 1, and radiofrequency thermocoagulation of the medial branches. On December 1, 2014, his treating physician reports lower back pain with radiation to the left buttock and left leg laterally. The injured worker had left foot tingling, also. The physical exam revealed a normal gait, pain with palpation of the bilateral lumbar facets, moderately decreased lumbar range of motion, pain with lumbar extension and right lateral flexion, tingling of the feet at night, positive bilateral straight leg raise, intact motor strength and sensation of the bilateral lower extremities, hypoesthesia in bilateral thighs, and normal deep tendon reflexes. On January 12, 2015, the injured worker submitted an application for IMR for review a prescription for Flurbiprofen 20 percent, Baclofen 2 percent, Cyclobenzaprine 2 percent, Gabapentin 6 percent, Lidocaine 6 percent, apply 1-2 pumps to affected area x 3-4 daily, a prescription for Ultracet 1 tablet 3 times a day, quantity 90 with 1 refill, and a prescription for Lyrica 100mg 1 tablet every bedtime, quantity 30 with 1 refill. The Flurbiprofen 20 percent, Baclofen 2 percent, Cyclobenzaprine 2 percent, Gabapentin 6 percent, and Lidocaine 6 percent was non-certified based on insufficient evidence its use and the guidelines state compound cream is largely experimental. The Ultracet was non-certified based on lack of documentation of specific functional and analgesic benefit of these medications. The Lyrica was non-certified based on lack of subjective and objective evidence of benefit. The California Medical Treatment

Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 1 tablet three (3) times per day with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids, specific drug list; Opioids, criteria for use.

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

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. There is no documentation for recent urine drug screen to assess compliance. Therefore, the prescription of Ultracet, with 1 refill is not medically necessary.

Lyrica 100mg 1 tablet every bedtime #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 19, 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

Decision rationale: According to MTUS guidelines, “Lyrica is an anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain.” There is no clear documentation of neuropathic pain in this patient that responded to previous use of Lyrica. There is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 100mg #30, with 1 refill is not medically necessary.

Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 6%:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound drugs.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of back, shoulder and neck pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (anti-depressant and anti-convulsant). Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Therefore, the request for Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 6% is not medically necessary.