

Case Number:	CM15-0105373		
Date Assigned:	06/09/2015	Date of Injury:	07/10/1987
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Preventive Medicine, Occupational 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:

This 74 year old male sustained an industrial injury to the low back on 7/10/87. Recent treatment included lumbar support brace and medications. In the most recent documentation submitted for review, a visit note dated 12/17/14, the injured worker complained of ongoing low back pain that worsened with prolonged standing. The injured worker was requesting a lumbar support brace since his pain was not controlled with his current medications. Current medications included Allopurinol, Carvedilol, Diovan, Levothyroxine and Spironolactone. Physical exam was remarkable for positive bilateral straight leg raise. Current diagnoses included lumbar disc disorder without myelopathy, lumbar spine degenerative disc disease and lumbago. The physician noted that the injured worker did not request narcotics and was avoiding surgical intervention. The physician recommended L4-5 epidural steroid injections. The treatment plan included dispensing a lumbar support brace and continuing current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for PCCA custom lipo-max creat 15-day supply, 0 refills (DOS: 5/6/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118-120.

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed.

Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of anti-depressants and anti-convulsants, therefore, the request for retrospective request for PCCA custom lipo-max creat 15-day supply, 0 refills (DOS: 5/6/15) is determined to not be medically necessary.

Retrospective request for cyclobenzaprine HCL 100% 15-day supply, 0 refills (DOS: 4/2/15): 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 Analgesics Section Page(s): 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product, therefore, the request for retrospective request for cyclobenzaprine HCL 100% 15-day supply, 0 refills (DOS: 4/2/15) is determined to not be medically necessary.

Retrospective request for gabapentin powder 100% (DOS: 4/28/15): 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 Analgesics Section Page(s): 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use, therefore, the request for retrospective request for gabapentin powder 100% (DOS: 4/28/15) is determined to not be medically necessary.

