MAXIMUS Federal Services

Case Number:	CM15-0107934		
Date Assigned:	06/12/2015	Date of Injury:	02/05/2013
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/04/2015

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, Pain Management

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 59 year old male, who sustained an industrial injury on 2/5/2013. The current diagnoses are lumbago, rule out lumbar radiculopathy, and status post lumbar spine surgery. According to the progress report dated 4/27/2015, the injured worker complains of residual low back pain and muscle spasms. The pain is described as constant, moderate-to-severe, and is rated 7/10 on a subjective pain scale. The pain is associated with numbness and tingling in the bilateral lower extremities. The physical examination of the lumbar spine reveals tenderness to palpation with spasm over the paraspinal muscles, tenderness over the spinous processes L3 and S1, antalgic gait, hypolordosis, restricted range of motion, slightly diminished sensation to pinprick and light touch over the bilateral L4, L5, and S1 dermatomes, decreased motor strength (4/5) in the bilateral lower extremities, and positive straight leg raise test, Kemp's test, and flip test, bilaterally. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, acupuncture, chiropractic, electrodiagnostic testing, and surgical intervention. The plan of care includes prescriptions for topical compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective capsaicin/Flurbipro/Gabapenti/Menthol C/Camph #180 with a rx date of 3/20/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Gabapentin is not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested topical medication is not medically necessary.

Retrospective Versapro/Flurbipro/Cyclobenz #180 with a rx date of 3/20/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical medication, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested topical medication is not medically necessary.