

Case Number:	CM15-0019530		
Date Assigned:	02/09/2015	Date of Injury:	05/25/2013
Decision Date:	04/03/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	02/02/2015

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 66-year-old male who reported an injury on 05/25/2013. The mechanism of injury reportedly occurred when he fell off a ladder while repairing a fan. Diagnoses included: rule out cervical herniated nucleus pulposus (HNP); upper extremity radiculitis versus radiculopathy; cervical, thoracic, and lumbar musculoligamentous injury; residual lumbar radiculopathy; depression and anxiety. The report on 09/15/2014 noted the injured worker complained of neck pain, bilateral hand pain, low back pain, and lower extremity stiffness. There was hand pain with numbness, decreased range of motion, and lower extremity pain. The injured worker received acupuncture for the neck. Examination noted he had decreased range of motion in the cervical and lumbar spine, muscle spasms, and a positive straight leg raise on the left. There was decreased sensation to light touch in the left lower extremity in the L5-S1 distribution. There was a positive Tinel's and Phalen's sign in the left hand. Cervical and lumbar MRIs on 01/27/2014 were reviewed. The Request for Authorization was not provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Topical Gabapentin/Cyclobenzaprine/Tramadol, provided on date of service: 09/16/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate); Salicylate topicals; Topical Analgesics Page(s): 50, 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, Lidocaine, Antidepressants Page(s): 111, 72, 112, 13.

Decision rationale: The retrospective request for topical Flurbiprofen/Lidocaine/Amitriptyline, provided on date of service: 09/16/14 was not medically necessary. The injured worker has a history of neck, back, hip, shoulder, and arm pain. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment for osteoarthritis of the spine, hip, or shoulder. Lidocaine in any form other than patch is not recommended. There is no evidence for use of any other muscle relaxant as a topical product. As such, the request for retrospective request for topical Flurbiprofen/Lidocaine/Amitriptyline, provided on date of service: 09/16/14 is not medically necessary.