

Case Number:	CM15-0132659		
Date Assigned:	07/10/2015	Date of Injury:	08/01/2012
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 41-year-old male with an industrial injury dated 08/01/2012. The mechanism of injury is documented as twisting his back experiencing pain in lumbar spine and right foot. His diagnoses included chronic intractable lower back pain, degenerative disc disease lumbar spine, radiculitis bilateral lower extremities, cervical radiculitis left upper extremity and depression. Comorbid diagnosis was high blood pressure. Prior treatments included, acupuncture, physical therapy, group psychotherapy and medications. He presents on 05/08/2015 with lumbar radicular pain rated as 7-9/10 and described as sharp, intermittent pain radiating down both legs with associated numbness and tingling. He had significant improvement with acupuncture. He states the pain is made worse with bending forward and is worse with exacerbations of his post-traumatic stress disorder and depression. Physical exam revealed decreased sensation of the left knee. Lumbar range of motion was decreased with tenderness along spinous processes lumbar 4 and lumbar 5 with radiation down bilateral legs. Straight leg raise was positive bilaterally. Treatment plan included epidural steroid injection, psychology referral, acupuncture and medications (pain cream). The treatment request is for Diclofenac 10 Percent/Flurbiprofen 10 Percent/Gabapentin 10 Percent/Lidocaine 5 Percent 240 grams with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 10 Percent/Flurbiprofen 10 Percent/Gabapentin 10 Percent/Lidocaine 5 Percent 240 grams with 2 refills: Upheld

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

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

Decision rationale: Diclofenac 10 Percent / Flurbiprofen 10 Percent / Gabapentin 10 Percent / Lidocaine 5 Percent 240 grams with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs (such as Diclofenac or Flurbiprofen) are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and they are 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. The guidelines state that topical Gabapentin is not supported as there is no evidence to support its use topically. Lidocaine in cream, ointment, or gel form is not recommended for chronic pain by the MTUS. The guidelines state that topical Gabapentin is not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support NSAIDs for the spine. There are no extenuating factors in the documentation to go against the MTUS Guidelines therefore this request is not medically necessary.