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| <b>Case Number:</b>   | CM15-0137964 |                              |            |
| <b>Date Assigned:</b> | 08/25/2015   | <b>Date of Injury:</b>       | 06/17/2013 |
| <b>Decision Date:</b> | 09/28/2015   | <b>UR Denial Date:</b>       | 07/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2015 |

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 32 year old female, who sustained an industrial injury on 6-17-13. The injured worker was diagnosed as having lumbago. Treatment to date has included bilateral lumbar medial branch blocks at L3-5, lumbar epidural steroid injections, and medication. Physical examination findings on 5-26-15 revealed tenderness over the facet joints at L5-S1, limited lumbar range of motion, and severe pain at L3-6. Currently, the injured worker complains of low back pain with radiation into bilateral buttocks. Bilateral hip pain was also noted. The treating physician requested authorization for a lumbar support and TG Ice (Tramadol 8%, Gabapentin 10%, Menthol 2%, and Camphor 2%).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
 Page(s): 301.

**Decision rationale:** According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case the patient has chronic low back pain. The documentation doesn't support that the patient was having a new or acute injury. The request for a lumbar support for chronic low back pain is not medically necessary or met.

**TG Ice (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

**Decision rationale:** According to the MTUS section on chronic pain 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. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.