MAXIMUS Federal Services

Case Number:	CM15-0139798		
Date Assigned:	07/29/2015	Date of Injury:	10/08/2012
Decision Date:	08/26/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts
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 46 year old female, who sustained an industrial injury on 10-08-2012. Diagnoses include chronic lumbar strain and facet arthropathy at L4-L5 and L5-S1. Treatment to date has included anti-inflammatory medications, home exercise, selective right L5 and S1 nerve blocks (8-29-2014), and bilateral L4 and L5 medial branch blocks (3-10-2015).Per the Primary Treating Physician's Progress Report dated 2-19-2015, the injured worker reported severe pain on the right side and moderate pain on the left side of the low back. She reported no change in her symptoms. Physical examination of the lumbar spine revealed moderately restricted range of motion with pain at the end limits of her range. The plan of care included follow-up care. Authorization was requested for topical compound medication Flurbi-Gaba-Lido-Baclo-Cyclo- Microsome 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication Flurbi/Gaba/Lido/Baclo/Cyclo/Microsome 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Topical NSAIDs, Gabapentin, Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in October 2012 and continues to be treated for non-radiating back pain. When seen, she was having severe low back pain. Physical examination findings included decreased lumbar spine range of motion with right-sided tenderness. Gaenslen and Patrick's testing was positive. Treatments have included facet injections and selective nerve-root blocks. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.