

Case Number:	CM15-0140688		
Date Assigned:	08/05/2015	Date of Injury:	08/03/2007
Decision Date:	09/21/2015	UR Denial Date:	06/23/2015
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: 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 54-year-old, male who sustained a work related injury on 8-3-07. The diagnoses have included status post lumbar spine fusion L3-S1, bilateral leg radiculopathy, left greater than right and gait disorder. Treatments have included physical therapy, acupuncture, home exercises, oral medications, medicated topical creams, use of back brace, lumbar epidural steroid injections x 2, and lumbar spine surgery. In the Primary Treating Physician's Comprehensive Orthopedic Consultation Report dated 5-11-15, the injured worker reports difficulty sleeping at night and sleeping through the night due to pain and discomfort. He reports continuous pain in his lower back with pain radiating to both legs. He has pain 100% of the time. He rates his pain level most days a 6-7 out of 10. On a good day, the pain level is a 6 out of 10. On a bad day, the pain level is an 8-9 out of 10. He states coughing and sneezing aggravate his lower back pain. He states his pain increases with prolonged standing, walking and sitting activities. He is unable to sit for any more than 10-15 minutes before the pain symptoms increase. He has difficulty bending forward, backwards, sideways and driving for a prolonged period of time. He states his pain worsens in the evenings. He states medications help to ease his pain. He reports continuous pain in both legs, left greater than right, with radiating to his feet. He has this pain 100% of the time. He has episodes of weakness, numbness and tingling in both legs. His leg has given out on him and caused him to lose balance. He has same pain level rating as the lower back pain. He has trouble going up and down stairs. He walks with an uneven gait. He uses a walker for ambulation. He has difficulties with all activities of daily living. On physical examination, he has tenderness to palpation over the paravertebral muscles. In range of motion in the lumbar spine is forward flexion is 25 out of 60, extension is 0 out of 25, right

Lateral bend is 10 out of 25 and left lateral bend is 5 out of 25. Straight leg raises, Bragard's test, femoral stretch test, Kemp's test and Bowstring test are all strongly positive bilaterally. Sensory deficit is noted over the bilateral L3 and L4 dermatomes. He is not working. The treatment plan includes refill prescriptions for medicated topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% cream 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: Regarding the request for topical flurbiprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical flurbiprofen is not medically necessary.

Ketoprofen 20% cream 120grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: Regarding the request for topical Ketoprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical Ketoprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical Ketoprofen is for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical Ketoprofen is not medically necessary.

Gabapentin 10%-Cyclobenzaprine 0/0375% cream 120gms: Upheld

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

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

Decision rationale: Regarding the request for topical Gabapentin 10% - Cyclobenzaprine 0/0375% cream, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested compound cream containing cyclobenzaprine is not medically necessary.