

<b>Case Number:</b>	CM15-0141049		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	06/20/2007
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Emergency 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:

This is a 44 year old male with a June 20, 2007 date of injury. A progress note dated June 16, 2015 documents subjective complaints (significant left and to a certain extent right lumbar radiculopathy), objective findings (diffuse tenderness to the left and right of midline; positive straight leg raising on the left), and current diagnoses (lumbar radiculopathy secondary to L5-S1 disc extrusion, status post remote surgery). Treatments to date have included lumbar spine surgery, magnetic resonance imaging of the lumbar spine (May 7, 2015; showed a L5-S1 left lateral extruded disc herniation in the course of the left S1 nerve root within the proximal lateral recess; disc space desiccation; lateral bulge and annulus and left lateral spondylosis with minimal bilateral proximal foraminal stenosis), medications, transcutaneous electrical nerve stimulator unit, back bracing, epidurals, physical therapy, and psychotherapy. The treating physician documented a plan of care that included a prescription of compound Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, and Hyaluronic Acid 2%, 300 grams, with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of compound Ketoprofen 10% Gabapentin 6% Bupivacaine 5% Baclofen 2% Cyclobenzaprine 2% Clonidine 0.2% and Hyaluronic Acid 2% 300 grams with 3 refills: Upheld**

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

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

**Decision rationale:** The requested prescription of compound Ketoprofen 10% Gabapentin 6% Bupivacaine 5% Baclofen 2% Cyclobenzaprine 2% Clonidine 0.2% and Hyaluronic Acid 2% 300 grams with 3 refills is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The treating physician has documented subjective complaints (significant left and to a certain extent right lumbar radiculopathy), objective findings (diffuse tenderness to the left and right of midline; positive straight leg raising on the left), and current diagnoses (lumbar radiculopathy secondary to L5-S1 disc extrusion, status post remote surgery). The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, prescription of compound Ketoprofen 10% Gabapentin 6% Bupivacaine 5% Baclofen 2% Cyclobenzaprine 2% Clonidine 0.2% and Hyaluronic Acid 2% 300 grams with 3 refills is not medically necessary.