

Case Number:	CM15-0144300		
Date Assigned:	08/05/2015	Date of Injury:	01/10/2012
Decision Date:	09/01/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 28 year old male, who sustained an industrial injury on 1-10-12. Initial complaint was of the lumbar spine. The injured worker was diagnosed as having left L5 radiculopathy; right L5 radiculitis. Treatment to date has included physical therapy; Lumbar Epidural Steroid injections x3; medications. Diagnostics studies included MRI lumbar spine (5-2-13); EMG/NCV study lower extremities (9-21-12). Currently, the PR-2 notes dated 6-11-15 indicated the injured worker complains of lower back pain rating the intensity at 4 out of 10 and can be worse with flare-ups of 8 out of 10. He is 80% better than his initial injury. He still gets bilateral lower extremity radiation pains with bending and sitting or standing for extending period of time, but they are not as severe as when he gets his occasional lower back flares which occur 1-2 time per week. He is continuing home exercise and uses a compound cream for good relief. He takes Flexeril which helps him during the flare-ups. He would like to return to work but is concerned that he may have a severe pain flare-up during duty. He has no other complaints. On physical examination the provider documents he walks with a normal gait. He is able to toe-heels walk and can do deep knee bend about 75% of the way with provocation of pain to the lower back. His straight leg raise in the sitting position is 90 degrees and in the supine position is 75 degrees on the right and 65 degrees on the left with the left more than right low back pain. Figure-of four is normal bilaterally. He has tenderness of the left more than right lower lumbar paraspinals at L5 and S1. The provider documents a left L5 radiculopathy per EMG and right L5 radiculitis with MRI evidence of L5-S1 3mm broad-based disc bulge with focal central annular tear and moderate right neural foraminal stenosis with probable abutment of the

exiting right L5 nerve root (5-2-13). He is scheduled for a lumbar epidural steroid injection for his lower extremity radiation symptoms as recommended by an AME. The provider notes there may also be evidence of lower lumbar facet mediated pain as the injured worker has end-range pain on extension and facet loading. He notes it is also not uncommon to have extension pain with a posterior annular tear of the disc. The treatment plan changes some of his medications but to continue his pain cream. He encouraged his to use ice compress for his pain flare-ups and he is scheduled for bilateral transforaminal epidural steroid injections x2 for his bilateral lower extremity radiation symptoms. If his injections do not prove efficacious he will seek additional imaging and consult with a spine surgeon. The provider is requesting authorization of Retro cyclobenzaprine 10%-gabapentin 5%-Lidocaine 5%-Capsaicin 0.025%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro cyclobenzaprine 10%/gabapentin 5%/Lidocaine 5%/Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (cyclobenzaprine and gabapentin) which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.