

Case Number:	CM15-0145804		
Date Assigned:	08/06/2015	Date of Injury:	04/19/2010
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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 50 year old male who sustained an industrial injury on 4-19-10. He had complaints of low back pain. Progress report dated 6-1-15 reports persistent complaints of constant and worsening lower back pain rated 3 out of 10. The frequency and intensity of the pain radiating down the left lower leg have both decreased. Norco helps reduce the pain from 6-7 out of 10 to a 3 out of 10 and Soma relieves the muscle spasms and lowers the pain from 6-7 out of 10 to 4 out of 10. The pain worsens with activities and is made better with medicine and rest. He has limited range of motion due to pain. Diagnoses include: L5-S1 disc degeneration, status post decompression, recurrent worsening lumbar pain and left radicular pain. Plan of care includes: continue medications, request CT of lumbar spine; unable to have MRI due to pace maker, request consultation with orthopedic surgeon, request flurbiprofen 20% -baclofen 5% - lidocaine 4% cream, 180 mg apply thin layer 2-3 times per day. Work status: continue to work unrestricted. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications - NSAIDs, Baclofen, 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-related injury in April 2010 and underwent lumbar spine surgery with a decompression. When seen, his BMI was over 28. There was lumbar tenderness with decreased and asymmetrical range of motion. The claimant is unable to have an MRI due to having a pacemaker. 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. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. 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 would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication was not medically necessary.

1 CT scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - CT (Computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), CT (computed tomography) (20 Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in April 2010 and underwent lumbar spine surgery with a decompression. When seen, his BMI was over 28. There was lumbar tenderness with decreased and asymmetrical range of motion. The claimant is unable to have an MRI due to having a pacemaker. Guidelines indicate that repeat advanced imaging of the lumbar spine is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. He has not had a lumbar fusion. The requested CT scan was not medically necessary.