

Case Number:	CM15-0147039		
Date Assigned:	08/10/2015	Date of Injury:	07/10/2012
Decision Date:	09/25/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 07-10-2012 resulting in injury to the low back and bilateral knees. Treatment provided to date has included: physical therapy; lumbar epidural steroid injections; medications; and conservative therapies and care. Recent diagnostic testing included: MRI of the lumbar spine (2012) showing diffuse congenital canal stenosis, multilevel posterior to posterolateral disc protrusions measuring 2mm-4mm, disc height loss and partial disc dehydration. Comorbidities included hypertension and hypercholesterolemia. There were no other dates of injury noted. On 07-06-2015, physician progress report noted complaints of low back pain. No pain rating was mentioned; however, the pain was described as frequent and burning in a band like pattern. Additional complaints included radiating pain into the bilateral lower extremities with numbness and tingling in the right lower extremity. Current medications include Norco and Celebrex. The injured worker reported that the Norco was making him itchy. The physical exam revealed restricted range of motion in the lumbar spine, positive straight leg raises bilaterally, tenderness to palpation of the supraspinatus ligament L4-sacrum and bilateral erector spinae, and decreased strength in the right extensor hallucis. The provider noted diagnoses of lumbar spine strain and sprain, and aggravation of symptomatic L5-S1 discogenic residual low back pain and spinal stenosis. Plan of care includes discontinue Norco and begin tramadol; follow-up on referral to cardiologist; continue Celebrex; request for MRI and electromyogram with nerve conduction study, acupuncture and electrical stimulation unit plus supplies; and follow-up on 08-17-2015. The injured worker's work status remained temporarily partially disabled with restrictions. The

request for authorization and IMR (independent medical review) includes: compounded topical analgesic consisting of 20% Flurbiprofen, 6% Gabapentin, 5% Lidocaine, 2% Baclofen, and 2% Cyclobenzaprine, 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication: Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2%, 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Moreover, the same guideline specifically does not recommend Gabapentin, Baclofen, or Cyclobenzaprine for topical use. This request is not medically necessary.