

Case Number:	CM15-0162146		
Date Assigned:	08/28/2015	Date of Injury:	01/26/2012
Decision Date:	10/15/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/18/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 31 year old male, who sustained an industrial injury on January 26, 2012. The mechanism of injury was not found in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbar disc herniation, sacroiliac joint dysfunction and status-post anterior-posterior spinal fusion lumbar five-sacral one with decompression. Treatment and evaluation to date has included medications, radiological studies, MRI, computed tomography scan, sacroiliac joint steroid injections, physical therapy, home exercise program and a lumbar fusion. The injured worker was noted to be at a maximum medical improvement with residuals. Current documentation dated June 12, 2015 notes that the injured worker reported persistent low back pain with radiculopathy in the right lower extremity. Objective findings included focal tenderness of the right iliac crest and right sciatic notch. A straight leg raise test was positive on the right. The treating physician's plan of care included requests for the compound topical creams 1) Flurbiprofen 20%, Lidocaine 5% 150 gm 2) Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025% 150 gm 3) Cyclobenzaprine 10%, Lidocaine 2% 150 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical 1) Flurbiprofen 20% Lidocaine 5% 150gm 2) Gabapentin 10% Amitriptyline 5% Capsaicin 0.025% 150gm 3) Cyclobenzaprine 10% Lidocaine 2% 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Compound Topical 1) Flurbiprofen 20% Lidocaine 5% 150gm 2) Gabapentin 10% Amitriptyline 5% Capsaicin 0.025% 150gm 3) Cyclobenzaprine 10% Lidocaine 2% 150gm is not medically necessary.