

Case Number:	CM15-0164092		
Date Assigned:	09/02/2015	Date of Injury:	09/24/2014
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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 28-year-old female, who sustained an industrial injury on 9-24-2014. He reported low back pain. Diagnoses have included lumbar radiculopathy to bilateral lower extremities in direction of L4, L5 and S1 and lumbar spine herniated disc at the level of L4-5 with lumbar spinal canal stenosis. Treatment to date has included physical therapy, lumbar epidural steroid injection and medication. According to the progress report dated 6-30-2015, the injured worker complained of low back pain. Objective findings revealed tenderness over the lumbar paraspinal muscles and midline lumbar spine. There was decreased sensation to light touch on the right and left L5 and S1 dermatomes. The injured worker underwent lumbar epidural steroid injection on 6-1-2015. He reported that his pain significantly improved for the first week after the injection. Authorization was requested for Tramadol and Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% 180 gm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for low back pain with lower extremity radicular symptoms. When seen, there had been improvement after an epidural injection but his pain was returning. He was having low back pain. Physical examination findings included lumbar paraspinal and midline tenderness with decreased lower extremity strength and sensation. His BMI is over 38. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for low back pain with lower extremity radicular symptoms. When seen, there had been improvement after an epidural injection but his pain was returning. He was having low back pain. Physical examination findings included lumbar paraspinal and midline tenderness with decreased lower extremity strength and sensation. His BMI is over 38. This request is for a compounded topical medication with components including baclofen, cyclobenzaprine, and Flurbiprofen. 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 and cyclobenzaprine are muscle relaxants 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 with generic availability that could be considered. This medication was not medically necessary.