

Case Number:	CM15-0169014		
Date Assigned:	09/09/2015	Date of Injury:	08/06/2011
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 57 year old male who sustained an injury on 8-6-11. Diagnoses include lumbar radiculopathy; HNP of the lumbar spine; lumbar facet arthropathy. Treatment has included 11 sessions of chiropractic therapy for his back which aggravated his pain; therapy for the shoulder and knees with relief but still has pain and limitations with motion; left shoulder surgery 10-2012; right shoulder October 2013; left knee surgery December 2013. The examination on 5-11-15 indicates the IW last worked on 8-28-11 and continues to have low back pain and right lower extremity pain and these symptoms remain unchanged. He continues to have difficulty sleeping. Medications included Ultracet 37.5-325; Relafen 750 mg; Flexeril 7.5 mg; Prilosec 20 mg; and Lidopro cream with good relief. He states that 90 % of his pain is in his back and 10% in the right leg. His right leg is weak and at times feels like it does not want to hold him up. He is able to walk for 30 minutes; sit and stand for 25 minutes before he requires a rest break and rates his low back pain 6 out of 10 on the pain scale. MRI lumbar spine was done on 8-25-14; electromyogram bilateral lower extremities done on 10-3-14. Chiropractic therapy in the past aggravated the pain and transforaminal epidural steroid injection on the right side L4, 5 nerve roots as the next diagnostic and therapeutic step was requested. On 5-11-15 the medical report indicates his symptoms have not changed and the back pain is rated as 6 out of 10. Current requested treatments 7 days of compound segment. The utilization review dated 7-28-15 for compound segment 7 day supply was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seven days supply of compound segment: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

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 antidepressants and anticonvulsants 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, biogenic amines, 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, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.