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| Case Number: | CM15-0169508 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 06/29/2011 |
| Decision Date: | 10/08/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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: 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 52 year old male, who sustained an industrial injury on 6-29-11. Initial complaints were of his lower back which radiated down the left lower extremity. The injured worker was diagnosed as having post-laminectomy syndrome lumbar; lumbar radiculopathy; chronic pain syndrome; displacement of lumbar intervertebral disc without myelopathy; sciatica. Treatment to date has included physical therapy; lumbar epidural steroid injection; status post microdiscectomy (4-3-13); urine drug screening; psychological pain consultation; bio-behavioral pain management; medications. Diagnostics studies included left lower extremity venous ultrasound (7-12-13); MRI lumbar spine (11-15-13). A PR-2 notes dated 11-21-13 is an "Agreed Medical Examination "(AME). The notes indicate the injured worker had complaints of lower back pain that radiated to the left lower extremity immediately after his industrial injury. He received treatment in the form of medications, physical therapy and as his pain continued, x-rays and the MRI of the lumbar spine were completed. After review of the diagnostics, it was recommended the injured worker have lumbar spine surgery. He is a status post lumbar microdiscectomy with findings of herniated disc and conjoined nerve roots at left L5-S1 (4-3-13). Following his surgery, he has postoperative physical therapy which is reported provided him minimal relief. It was then recommended he have lumbar epidural steroid injections and physical therapy for his left knee. Those were not authorized at the time. On 11-15-13, he underwent a MRI of the lumbosacral spine. There are no records of this MRI. He continues to complain of pain in the low back which is constant and moderate in severity. He experiences pain that radiates throughout the left lower extremity extending to the feet and toes with numbness and tingling in the plantar aspect of the left foot. He reports stiffness and knots

throughout the lumbar paraspinal musculature with sharp, shooting pain into the left lower extremity. He has difficulty sleeping as well as riding, or sitting, difficulty getting up from a seated position, bending or twisting at the waist on a repetitive basis. He denies any bladder or bowel incontinence or erectile dysfunction. On this date, he complained of pain in the left knee which is constant and mild to moderate in intensity. The pain increases with prolonged standing and walking. He does not use a brace for his knee or his back. The records indicate he currently is taking Norco and Gabapentin. On physical examination, there was an obvious scar about the lumbar spine. His range of motion is limited and he has mild to moderate spasms with range of motion. His bilateral straight leg raising is negative. His sensory examination was normal in all the dermatomes of the lower extremities. He is able to ambulate with a normal heel-toe gait with no analgesic component. The knees were non-tender to palpation with flexion at 135 degrees and extension 0 degrees bilaterally. The knees were stable to valgus and varus stress. Lachman's sign was negative along with anterior drawer and McMurray's. The patellofemoral joint was 2+ tender on the left. PR-2 dated 10-31-13 reports his pain has increased with the left knee swelling up and his head spinning. He wanted to talk about switching medications. His pain level is 7 out of 10 and reports the Neurotin is helping but reports it makes him sedated and affects his mentation. He also reports that pain is affecting his mood and making him depressed talking Norco 10-325mg and Neurotin 400mg. A left lower extremity venous ultrasound was completed on 7-12-13 to evaluate the injured worker for a deep venous thrombosis. The impression of this diagnostic was the study demonstrates no evidence for a deep venous thrombosis. A PR-2 dated 7-25-13 documented a left knee MRI but not dated, revealing "no meniscus or ligamentous injury, however, there is a well circumscribed inhomogeneous nodular lesion that is identified." At this time, the injured worker was wearing a knee brace and it was recommended that he continue and 12 physical therapy sessions were requested to work on the "patellofemoral protocol". A Request for Authorization is dated 8-25-15. A Utilization Review letter is dated 8-12-15 and non-certification was for retrospective Tramadol 20% Cyclobenzaprine 10% for date of service 12-18-2013. The topical analgesic prescribed on 12-18-13 contains a medication that is not recommended by the CA MTUS 2009 Chronic Pain Treatment Guidelines, Topical Analgesics. The provider is requesting authorization of retrospective Tramadol 20% Cyclobenzaprine 10% for date of service 12-18-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 20% Cyclobenzaprine 10% (DOS 12/18/2013): 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: 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.