

Case Number:	CM15-0187282		
Date Assigned:	09/29/2015	Date of Injury:	02/03/2006
Decision Date:	11/18/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 52 year old male who sustained an industrial injury on 2-3-06. A review of the medical records indicates he is undergoing treatment for lumbar sprain and strain. Medical records (1-29-15 to 6-23-15) indicate ongoing complaints of low back pain, rating 8-10 without the use of medications and 4-6 out of 10 with the use of medications. He reports radiation of the pain into his right leg. He also complains of headaches, depression, and loss of sleep. The physical exam (6-23-15) reveals diminished range of motion of the lumbar spine with tenderness to palpation of the lumbar paravertebral muscles. The straight leg raise causes pain at 45 degrees bilaterally. The treating provider indicates "Kemp's causes pain". Diagnostic studies have included an MRI of the lumbar spine on 12-26-12 and 12-15-14. Treatment has included physical therapy, acupuncture, and medications. His medications have included Deprizine, Dicopanol, Fantrex, Synapryn, Tabradol, Capsaicin, Flurbiprofen, Menthol, Cyclobenzaprine, and Gabapentin (4-2-15). He has received Cyclobenzaprine since, at least, 1-29-15 and Gabapentin and Flurbiprofen since, at least, 2-26-15. The utilization review (8-26-15) indicates retroactive requests for Cyclobenzaprine, Tetracaine, Gabapentin, and Flurbiprofen dispensed on 6-29-15. All requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine/Tetracaine/Gabapentin/Flurbiprofen compounded topical cream (DOS: 06/29/2015): 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): Antiepilepsy drugs (AEDs), Anti-inflammatory medications, Cyclobenzaprine (Flexeril), Topical Analgesics.

Decision rationale: Medical records (1-29-15 to 6-23-15) indicate ongoing complaints of low back pain, rating 8-10 without the use of medications and 4-6 out of 10 with the use of medications. He reports radiation of the pain into his right leg. He also complains of headaches, depression, and loss of sleep. The physical exam (6-23-15) reveals diminished range of motion of the lumbar spine with tenderness to palpation of the lumbar paravertebral muscles. The straight leg raise causes pain at 45 degrees bilaterally. The medical records indicate chronic condition of muscle pain with ongoing use of flexeril greater than 3 weeks. MTUS guidelines only support short term treatment (less than 3 weeks) use of flexeril. The medical records report persistent pain without objective report of increased functionality or functional benefit in support of continued long term treatment with flexeril. As such the continued use of flexeril is not supported under MTUS. The medical records do not support the presence of neuropathic pain with reported benefit by the medication. Gabapentin is recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen- Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. As such the medical records do not support gabapentin for the insured. The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports tetracaine is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of tetracaine congruent with MTUS. The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of flurbiprofen for the insured as there is no indication of objective benefit in function. The request is not medically necessary.