MAXIMUS Federal Services

Case Number:	CM15-0213692		
Date Assigned:	11/03/2015	Date of Injury:	11/07/2004
Decision Date:	12/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, Illinois
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 53 year old male, who sustained an industrial injury on 11-07-2004. The medical records indicate the injured worker has been diagnosed of status post C3-C7 posterior cervical fusion with laminectomy with spinal cord injury and myelopathy involving both upper and lower extremities with acute aggravation. Treatment has included Norco, Naproxen, Flexeril, Opana, Soma, Lyrica, Nortriptyline and cervical and lumbar epidural steroid injections. In a progress note dated 06-24-2015, the physician noted that the worker was in stable condition until one month prior when he was struck on the back of his neck and felt "an immediate stinger down his arms and legs nearly throwing him to the ground." Subsequently the worker reported experiencing burning in the bilateral upper extremities and progressive weakness in the bilateral lower extremities. The plan included Norco, Naproxen, Flexeril and an MRI and CT scan of the cervical spine. Subjective complaints (07-20-2015) included severe and intractable pain in the neck and upper extremities with progressive weakness and hyperesthesia, paresthesias in the bilateral upper extremities. On 08-21-2015 the worker was seen for follow up evaluation. Objective findings included bilateral paraspinal tenderness of C4-C7 and bilateral upper trapezii, more pronounced hyperesthesias in the upper extremities and weakness in the bilateral upper and lower extremities. On 07-20-2015 the physician noted that CT scan showed questionable cord signal changes at the C2-C3 level and open MRI was of poor diagnostic quality and requested a closed MRI of the cervical spine. During the 08-21-2015 office visit the physician noted that the worker had undergone MRI of the cervical spine which demonstrated severe spinal cord injury with evidence of myelomalacia and edema within the spinal cord in the mid cervical region and

no evidence of cord compression. The physician noted that the worker had fairly significant myelopathic neuropathy involving neuropathic pain syndrome in the upper and lower extremities due to spinal cord injury and was recommending a trial of transdermal cream. The physician noted that the worker had been on oral analgesics and-or not tolerating oral medication but the physician didn't specify the worker's issues with oral pain medication. A utilization review dated 09-21-2015 non-certified requests for Flurbiprofen 20% + Lidocaine 5% 150grams, Gabapentin 10% + Amitriptyline 5%+ Capsaicin 0.025 150grams and Cyclobenzaprine 10% + Lidocaine 2% 150 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% + Lidocaine 5% 150grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 11-07-2004. The medical records indicate the injured worker has been diagnosed of status post C3-C7 posterior cervical fusion with laminectomy with spinal cord injury and myelopathy involving both upper and lower extremities with acute aggravation. Treatment has included Norco, Naproxen, Flexeril, Opana, Soma, Lyrica, Nortriptyline and cervical and lumbar epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20% + Lidocaine 5% 150grams. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested treatment is not medically necessary because the individual agents are not recommended (although the MTUS recommends the use of 5 % Lidocaine as a topical analgesic, the only formulation recommended is the Lidoderm patch formulation. The request is not medically necessary.

Gabapentin 10% + Amitriptyline 5%+ Capsaicin 0.025 150grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 11-07-2004. The medical records indicate the injured worker has been diagnosed of status post C3-C7 posterior cervical fusion with laminectomy with spinal cord injury and myelopathy involving both upper and lower extremities with acute aggravation. Treatment has included Norco, Naproxen, Flexeril, Opana, Soma, Lyrica, Nortriptyline and cervical and lumbar epidural steroid

injections. The medical records provided for review do not indicate a medical necessity for Gabapentin 10% + Amitriptyline 5%+ Capsaicin 0.025 150grams. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested treatment is not medically necessary because Gabapentin and Amitriptyline are not medically necessary.

Cyclobenzaprine 10% + Lidocaine 2% 150 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 11-07-2004. The medical records indicate the injured worker has been diagnosed of status post C3-C7 posterior cervical fusion with laminectomy with spinal cord injury and myelopathy involving both upper and lower extremities with acute aggravation. Treatment has included Norco, Naproxen, Flexeril, Opana, Soma, Lyrica, Nortriptyline and cervical and lumbar epidural steroid injections. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 10% + Lidocaine 2% 150 grams. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested treatment is not medically necessary because the individual agents are not recommended although the MTUS recommends the use of Lidocaine as a topical analgesic, the only formulation recommended is the Lidoderm patch formulation. The request is not medically necessary.