

Case Number:	CM15-0215814		
Date Assigned:	11/05/2015	Date of Injury:	09/13/2012
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/03/2015

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 56 year old female who sustained an industrial injury on 9-13-12. Medical records indicate that the injured worker is being treated for L5-S1 pseudoarthrosis; degenerative disc disease with disk collapse L5-S1; spondylosis with radiculopathy, lumbar region; cervical disc displacement; intervertebral disc displacement, thoracic region; bursitis left hand; sprain of carpal joint left wrist; peri-arthritis left wrist; tear of medial meniscus left knee; bursitis of the left knee. She currently (10-19-15) complains of constant, burning left wrist-hand pain; sharp cervical spine pain; constant thoracic pain; constant lumbar pain; constant left knee pain. Physical exam of the cervical spine revealed spasm and tenderness to bilateral paraspinal muscles from C4-C7, bilateral suboccipital and bilateral upper shoulder muscles, positive distraction test bilaterally, positive shoulder depression test bilaterally; thoracic spine revealed spasm and tenderness to bilateral paraspinal muscles from T2-T7; lumbar spine revealed spasm and tenderness, positive Kemp's test, Yeoman's Braggard's; left hand-wrist tenderness; spasm and tenderness to knees bilaterally, positive straight leg raise bilaterally. Multiple diagnostic studies were done. Treatments to date include L5-S1 exploration of fusion (10-22-15); lumbar spine surgery (7-2014); spinal steroid injections times 3; pain management; medications: trazodone, cyclobenzaprine, Prednisone, tramadol, Tylenol with codeine, Wellbutrin; left hand therapy. The request for authorization was not present. On 9-13-12 Utilization Review non-certified the requests for flurbiprofen 20%, baclofen 10%, dexamethasone 2%, panthenol 0.5% in salt stable LS base 240 grams with 1 refill; amitriptyline 10%, gabapentin 10%, bupivacaine 5% in salt stable LS base, 240 grams with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

FBDP-Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in salt stable LS base, apply to affected area 3 times daily, qty: 240gm 1 refill: Upheld

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

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 9-13-12. The medical records provided indicate the diagnosis of L5-S1 pseudoarthrosis; degenerative disc disease with disk collapse L5-S1; spondylosis with radiculopathy, lumbar region; cervical disc displacement; intervertebral disc displacement, thoracic region; bursitis left hand; sprain of carpal joint left wrist; peri-arthritis left wrist; tear of medial meniscus left knee; bursitis of the left knee. Treatments have included L5-S1 exploration of fusion (10-22-15); lumbar spine surgery (7-2014); spinal steroid injections times 3; pain management; medications: trazodone, cyclobenzaprine, Prednisone, tramadol, Tylenol with codeine, Wellbutrin; left hand therapy. The medical records provided for review does not indicate a medical necessity for FBDP-Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Panthenol 0.5% in salt stable LS base, apply to affected area 3 times daily, qty: 240 gm 1 refill. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. None of the individual agents is recommended; therefore, the requested topical analgesic is not medically necessary or recommended.

AGBH-Amitriptyline 10%/Gabapentin10%/Bupivacaine5% in salt stable LS base, apply to affected area two times a day, qty: 240gm 1 refill: Upheld

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

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 9-13-12. The medical records provided indicate the diagnosis of L5-S1 pseudoarthrosis; degenerative disc disease with disk collapse L5-S1; spondylosis with radiculopathy, lumbar region; cervical disc displacement; intervertebral disc displacement, thoracic region; bursitis left hand; sprain of carpal joint left wrist; peri-arthritis left wrist; tear of medial meniscus left knee; bursitis of the left knee. Treatments have included L5-S1 exploration of fusion (10-22-15); lumbar spine surgery (7-2014); spinal steroid injections times 3; pain management; medications: trazodone,

cyclobenzaprine, Prednisone, tramadol, Tylenol with codeine, Wellbutrin; left hand therapy. The medical records provided for review do not indicate a medical necessity for AGBH-Amitriptyline 10%/Gabapentin10%/Bupivacaine5% in salt stable LS base, apply to affected area two times a day, qty: 240 gm 1 refill. The Topical Analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. None of the individual agents is recommended; therefore, the requested topical analgesic is not medically necessary or recommended.