

Case Number:	CM15-0219244		
Date Assigned:	11/12/2015	Date of Injury:	03/25/2015
Decision Date:	12/29/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/06/2015

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: California, 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:

This is a 48 year old male who sustained an industrial injury on 3-25-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylosis without myelopathy. Per the progress report dated 9-8-2015, the injured worker complained of low back pain, along with a burning sensation and spasm off and on. He reported that the brace helped. The treatment plan was for topical cream. According to the progress report dated 9-22-2015, the injured worker complained of severe low back pain moving across to bilateral buttocks and bilateral groin. He rated his pain 3 out of 10. Per the treating physician (9-22-2015), the injured worker was to remain off work. Objective findings (9-22-2015) revealed bilateral paraspinal muscle spasms and stiffness in the lumbar spine area. There was bilateral lumbar facet tenderness at L4-L5 and L5-S1 level. Treatment has included physical therapy, home exercise program, epidural injection and medications (Norco, Lyrica and Zanaflex). The request for authorization was dated 9-9-2015. The original Utilization Review (UR) (10-8-2015) denied a request for compound: Gabapentin-Amitriptyline-Baclofen-Clonidine-Lidocaine 240g with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin/Amitriptyline/Baclofen/Clonidine/Lidocaine 240g with 5 refills (Rx 9/24/15): 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 request is for a topical agent contains Gabapentin, Amitriptyline, Baclofen, Clonidine and Lidocaine. CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the product contains Lidocaine, which is only recommended in the form of a Lidoderm patch. Therefore, the entire preparation is not recommended. In addition, Gabapentin and Baclofen are specifically not recommended. Therefore the request is not medically necessary or appropriate.