

Case Number:	CM15-0038278		
Date Assigned:	03/06/2015	Date of Injury:	09/26/2008
Decision Date:	05/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58 year old male, who sustained an industrial injury on 9/26/2008. The injured worker was diagnosed as having lumbar radiculopathy, and lumbar degenerative disc disease. Treatment to date has included medications, and epidural steroid injection. The injured worker presented on 02/05/2015 for a followup evaluation. The injured worker reported a flare up of significant low back pain. It was noted that the injured worker reported an ability to function with the current medication regimen and an ability to continue working. The injured worker was status post transforaminal epidural steroid injection at the left L5-S1 level on 11/14/2013. The injured worker reported increasing radicular pain rated 5/10. The current medication regimen includes naproxen. Upon examination, there was tenderness to palpation with minimal spasm at L3-5, decreased lumbar range of motion, and weakness in the left lower extremity. There was decreased sensation to pinprick along the left lateral leg, allodynia, and sciatica. The injured worker also demonstrated a limping gait. Treatment recommendations included a refill of Prilosec, tramadol ER, and lidocaine patch. The injured worker as also issued a prescription for fenoprofen 400 mg and Neurontin 600 mg. A Request for Authorization form was submitted on 02/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medi-patches with Lidocaine #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical lidocaine is recommended for localized peripheral pain and neuropathic pain after there has been a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. In this case, there was no documentation of a failure of first line oral medication. There was also no strength or frequency listed in the request. Given the above, the request is not medically necessary.

Fenoprofen 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker does not maintain a diagnosis of osteoarthritis. There is no documentation of unresponsiveness to first line treatment with acetaminophen. The guidelines do not support long term use of NSAIDs. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: California MTUS Guidelines recommend gabapentin for neuropathic pain. The injured worker does report increasing low back pain with radicular symptoms. However, there is no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker has utilized the above medication since at least 01/2015. There is also no frequency listed in the request. As such, the request is not medically necessary.

GLFCMK compound cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. Topical muscle relaxants are also not recommended. There is no frequency listed in the request. Given the above, the request is not medically necessary.