MAXIMUS Federal Services

Case Number:	CM15-0038461		
Date Assigned:	03/09/2015	Date of Injury:	10/08/2012
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
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: Arizona, California
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:

The injured worker is a 53-year-old male, who sustained an industrial injury on October 8, 2012. He has reported pain, numbness, and weakness of the lower back and right leg. His diagnoses include lumbago. He has been treated with a facet block, one lumbar epidural steroid injection, electrodiagnostic studies, work modifications, and pain, muscle relaxant, and non-steroidal anti-inflammatory medications. On December 4, 2014, his treating physician reports constant, sharp low back pain that radiates into the lower extremities. The pain is unchanged. His pain is rated 8/10. He had no significant response to a facet block and a lumbar epidural steroid injection. The physical exam revealed lumbar paravertebral tenderness with spasm, a positive seated nerve root test, guarded and restricted standing flexion and extension, no instability, and intact coordination and strength. There was numbness and tingling in the anterolateral thigh, anterolateral leg, anterior knee, and the medial leg and foot, which is in a lumbar 4 and lumbar 5 dermatomal pattern. The quadriceps and extensor hallucis longus (EHL) strength was mildly decreased, a lumbar 4 innervated muscle. The knee reflexes are asymmetric. The treatment plan includes topical compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the claimant had been prescribed a topical NSAID (Flurbiprofen). It is indicated for osteoarthritis and has not been studied for the back and shoulders. There is diminishing benefit after 2 weeks. In this case, the claimant was provided the above cream for over a month. There was no mention of arthritis, frequency or location of use. The continued and prolonged use of Flurbiprofen/Capsaicin (with 2 refills) is not medically necessary.

Lidocaine/Hyaluronic acid with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended.Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there is no mention of failure of 1st line medications and the claimant does not have the above diagnoses. Furthermore, there is lack of evidence for topical Hyaluronic acid. As a result, the compound above is not medically necessary.