

Case Number:	CM15-0050758		
Date Assigned:	03/24/2015	Date of Injury:	11/05/2012
Decision Date:	05/13/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 11/05/2012. The mechanism of injury was lifting. Her diagnosis was noted as lumbar disc displacement. During the assessment on 03/04/2015, the injured worker complained of constant pain in her low back that traveled to the bilateral legs. She described the pain as sharp and throbbing and rated the pain a 7/10. She also complained of tingling in the bilateral legs. She indicated that the pain levels were severe without medication use. The injured worker also complained of difficulty falling asleep due to pain and waking up during the night. The physical examination of the lumbar spine revealed a positive Kemp's test and facet loading on both sides. The toe walk (S1) was positive on the right. There was a positive straight leg raise in the supine position on the right and the left. There was limited mobility due to pain and spasms with movement. The treatment plan was to request a urinalysis to monitor compliance with prescribed medications and continue psychological evaluation. The rationale for the request was not provided. The Request for Authorization form was dated 03/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The request for Soma 350 mg quantity 120 is not medically necessary. The California MTUS Guidelines state do not recommend the use of carisoprodol as the medication is not indicated for long term use. However, the clinical documentation provided evidence that the injured worker had been on this medication for an extended duration and there was a lack of documentation of objective functional improvement. Additionally, the frequency was not provided. The request is not medically necessary.

Topical compound: lidocaine 6%, gabapentin 10%, ketoprofen 10%, 240 grams with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Pages 64, 111-113, 2010 Revision, Web Edition and Official Disability Guidelines: Web Edition.

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

Decision rationale: The request for topical compound: lidocaine 6%, gabapentin 10%, ketoprofen 10%, 240 gm with 3 refills is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least 1 drug that is not recommended is not recommended. The requested compound cream contains lidocaine, gabapentin and ketoprofen. In regard to lidocaine, the guidelines state that the use of this product is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. In regard to gabapentin, topical gabapentin and muscle relaxants are not recommended by the guidelines as there is no evidence to support the use. In regard to ketoprofen, the guidelines state that topical NSAIDs may be useful for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain as there is no evidence to support the use. There was a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. There was no documentation indicating the injured worker had osteoarthritis or tendinitis to a joint amenable to topical treatment to justify the need for a topical NSAID. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. The quantity, frequency and application of the proposed medication were also not provided. Given the above, the request is not medically necessary.

Topical compound: flurbiprofen 15%, cyclobenzaprine 10%, menthol 5%, lidocaine 5%, 240gms with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Pages 64, 111-113, 2010 Revision, Web Edition and Official Disability Guidelines: Web Edition.

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

Decision rationale: The request for topical compound: Flurbiprofen 15%, cyclobenzaprine 10%, menthol 5%, lidocaine 5%, 240 gm with 3 refills is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compound product that contains at least 1 drug that is not recommended is not recommended. The requested compound cream contains Flurbiprofen, cyclobenzaprine and lidocaine. In regard to Flurbiprofen, the guidelines state that topical NSAIDs may be useful for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain as there is no evidence to support the use. In regard to cyclobenzaprine, topical muscle relaxants, such as cyclobenzaprine, are not recommended by the guidelines, as there is no evidence to support the use. In regard to lidocaine, the guidelines state that the use of this product is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. There was a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. There was no documentation indicating the injured worker had osteoarthritis or tendinitis to a joint amenable to topical treatment to justify the need for a topical NSAIDs. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. The quantity, frequency and application site for the proposed medication was also not provided. Given the above, the request is not medically necessary.

Lidocaine Patch 30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: Pages 64, 111-113, 2010 Revision, Web Edition and Official Disability Guidelines: Web Edition.

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

Decision rationale: The request for lidocaine patch 30 with 3 refills is not medically necessary. The California MTUS Guidelines state that the use of this product is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. Additionally, the application site was not provided. As the guidelines only support the use of topical lidocaine in the formulation of brand Lidoderm patch for neuropathic pain at this time, the request is not medically necessary.