

Case Number:	CM15-0053622		
Date Assigned:	03/27/2015	Date of Injury:	08/26/2009
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
 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 45 year old, female who sustained a work related injury on 8/26/09. The diagnoses have included lumbago, L4-5 spondylolisthesis, L4-5 herniated nucleus pulposus and right leg sciatica. Treatments have included electrodiagnostic studies of legs on 11/23/11 and 4/22/13, MRI of lumbar spine on 3/22/12, lumbar epidural steroid injections, physical therapy, medications and work modifications. In the PR-2 dated 2/20/15, the injured worker complains of continuing, chronic lower back pain. She states the pain is worse with the cold weather. She has pain that radiates down right leg. She has slight tenderness at the lumbosacral junction. She has discomfort with lumbar range of motion. The treatment plan is request for authorization of a medicated cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in Lidoderm ActiveMax 1.6 grams (1 pump) x 5 refills: Upheld

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

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Any compounded product that contains at least one drug that is not recommended is not recommended. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence to use muscle relaxants as a topical product. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia, which the patient has not been diagnosed with. Therefore, the request is considered not medically necessary.