

<b>Case Number:</b>	CM15-0054568		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on March 31, 2011. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbago, type II diabetes mellitus, Hepatitis C carrier, unspecified essential hypertension, lumbar sprain, and muscle spasm. Treatment to date has included x-rays, lumbar spine MRI, physical therapy, home exercise program (HEP), and medication. Currently, the injured worker complains of chronic low back pain, with tingling sensation radiating into the bilateral legs. The Treating Physician's report dated February 19, 2015, noted the injured worker had been in the hospital for the past two months due to a severe fall. The injured worker was noted to have a mildly antalgic gait, ambulating with a cane or a crutch. Physical examination was noted to show lumbar flexion limited due to moderate low back pain, with extension limited due to facet loading pain. Palpation of the lumbar facets elicited facet tenderness. Straight leg raise was positive bilaterally, with exquisite tenderness of the thoracolumbar fascia, and persistent paresthesias in the bilateral L5 dermatomes. The Physician requested authorization for bilateral L5/S1 transforaminal epidural steroid injection (ESI) with a two week follow up, refill of Naproxen, Cyclobenzaprine, and pantoprazole, and refill of the topical anti-inflammatory cream to alleviate his inflammatory back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cmpd-Flurbipro/Ketamine/Cyclobenz/Gabapenti/Lidoca #60 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Cmpd-Flurbipro/Ketamine/Cyclobenz/Gabapenti/Lidoca #60 with 3 refills, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. The compound requested contains both of these medications. As such, the currently requested Cmpd-Flurbipro/Ketamine/Cyclobenz/Gabapenti/Lidoca #60 with 3 refills is not medically necessary.