

Case Number:	CM15-0084136		
Date Assigned:	05/06/2015	Date of Injury:	08/24/2014
Decision Date:	06/04/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina, Georgia
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 23-year-old female who sustained an industrial injury on August 24, 2014. She reported an injury to her low back. Previous treatment includes MRI of the lumbar spine, physical therapy, surgical consultation, ice/heat therapy, and medications. Currently the injured worker complains of a constant, throbbing, aching pain in a band-like distribution across the lumbosacral spine. She reports that the pain radiates down the posterior aspect of the left lower extremity to the level of the left ankle. She reports tingling in her left buttock and cramping in the left leg muscles. She reports that the pain is exacerbated with prolonged sitting, bending and sneezing. Diagnoses associated with the request include lumbosacral myoligamentous sprain/strain, lumbar myofascial pain, left sacroiliac joint sprain, and rule out left lumbar radiculopathy. The treatment plan includes home exercise program, non-steroidal anti-inflammatory medications, and topical compounded medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2% 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and anti-epileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. Gabapentin is not recommended as a topical agent. As such, the request for flurbiprofen/gabapentin/lidocaine/baclofen/cyclobenzaprine is not medically necessary and the original UR decision is upheld.