

Case Number:	CM15-0085088		
Date Assigned:	05/07/2015	Date of Injury:	04/17/1995
Decision Date:	06/11/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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:

This 43-year-old man sustained an industrial injury on 4/17/1995. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 12/17/2014, 7/22/2010, and 5/8/2008 and electrodiagnostic testing dated 12/17/2014 and 4/29/2008. Diagnoses include lumbar disc bulges, lumbosacral spondylolisthesis, lumbar disc disease, lumbar stenosis, lumbar radiculitis, lumbar facet arthropathy, lumbar facet pain, and sacroiliac joint pain. Treatment has included oral medications and surgical intervention. Physician notes from the pain management specialist dated 4/2/2015 show complaints of left lower extremity and lumbar spine pain rated 6/10. Recommendations include no work or activity restrictions, a lightweight gun belt and vest, follow up with specialist for lower extremity radicular symptoms, Norco, Naproxen, Neurontin, Flexeril, and compound topical medications, and transforaminal epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of compounded topical analgesic cream: Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Topical Analgesics : Osteoarthritis of the low back.

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

Decision rationale: Regarding the request for this topical NSAID, the Chronic Pain Medical Treatment Guidelines state that topical NSAIDs are recommended for short-term use of 4-12 week duration for body regions that are amenable to topical treatment. Specifically, the CPMTG state: "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." A review of the submitted medical records indicates that the primary use of this topical is for low back pain, an area specifically not recommended for use due to scant evidence. Given this, this request is not medically necessary.

1 prescription for compounded topical analgesic cream: Tramadol 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Topical Analgesics: Osteoarthritis of the low back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3.

Decision rationale: Regarding the request for topical tramadol, CA MTUS do not have provisions for the use of this topical medication. There is no peer-reviewed literature to support the use of this topical which is a controlled substance. There are no extenuating circumstances or documentation available to suggest why topical tramadol should be utilized. Given these guidelines, this request is not medically necessary.

1 prescription for compounded topical analgesic cream: Cyclobenzaprine 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-3.

Decision rationale: Regarding the request for topical Flexeril, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. There are no extenuating circumstances or documentation available to suggest why topical cyclobenzoprine should be utilized despite recommendations against this use. Given these guidelines, this request is not medically necessary.