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| Case Number: | CM15-0086059 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 07/24/2010 |
| Decision Date: | 06/09/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 39-year-old female, who sustained an industrial injury on 07/24/2010. She reported low back pain, right lower extremity pain, and right foot numbness after trying to pick up a client. The injured worker was diagnosed as having lumbar five to sacral one herniated nucleus pulposus, lumbar five to sacral degenerative disc disease, sacral one radiculopathy, neurogenic bladder, and perineal numbness and vaginal pain. Treatment to date has included magnetic resonance imaging of the lumbar spine, lumbar epidural steroid injection, land and water based physical therapy, home exercise program, acupuncture, medication regimen, and chiropractic therapy. In a progress note dated 03/16/2015 the treating physician reports complaints of mild to moderate, sharp, burning back pain with right lower extremity radiculopathy. The pain is rated a 7 out of 10. The injured worker also has numbness to the right foot, weakness to the right leg, and urinary retention and decrease in the sensation to the perineal region. The treating physician notes tenderness to palpation to the cervical and lumbar spine with decreased sensation to the right foot, and right sacral two to three region to the buttock and posterior thigh. The treating physician requested Ibuprofen 800mg with a quantity of 90 with 5 refills and Compound Cream: Ketamine 10%/ Baclofen 2%/ Cyclobenzaprine 2%/ Ketoprofen 15%/ and Lidocaine 5%, but the documentation provided did not indicate the specific reasons for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg, #90, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 39-year-old female with an injury on 07/24/2010. She had back pain with right foot numbness after lifting a patient. On 03/16/2015, she had mild to moderate low back pain radiating to her right lower extremity. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. In addition, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period is recommended. Long-term use of NSAIDS is not recommended and the requested medication is not medically necessary.

Compound Cream: Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 15%, and Lidocaine 5%: Upheld

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

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

Decision rationale: The patient is a 39-year-old female with an injury on 07/24/2010. She had back pain with right foot numbness after lifting a patient. On 03/16/2015, she had mild to moderate low back pain radiating to her right lower extremity. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains baclofen and cyclobenzaprine, neither of which is not recommended. Thus, the requested compound topical analgesic medication in not medically necessary.