MAXIMUS Federal Services

Case Number:	CM15-0089852		
Date Assigned:	05/14/2015	Date of Injury:	10/20/2011
Decision Date:	06/18/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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
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 male, who sustained an industrial injury on 10/20/11. The mechanism of injury was not noted. The diagnoses have included lumbar Herniated Nucleus Pulposus (HNP), lumbar degenerative disc disease (DDD), lumbar pain with radiculopathy and status post-lumbar decompression and fusion. Treatment to date has included medications, diagnostics, lumbar surgery, physical therapy, chiropractic, activity modifications and psychiatric. Currently, as per the physician progress note dated 4/14/15, the injured worker is four-month post -operative lumbar decompression and fusion. He states that over the past 2 weeks the pain has worsened and that it radiates down the right lower extremity (RLE). He was scheduled to start back to work but states that he is unable to do that at this time. It was noted that he will be released to light duty with restrictions. The physical exam reveals that the injured worker complains of stiffness and back pain and numbness and tingling. The height is 72 inches, weight is 215 pounds and BMI is 29.26. There were no other physical findings noted in the records. The current medications included Oxycodone, Clonazepam, Famotidine and Loratadine. The treatment plan was for Magnetic Resonance Imaging (MRI) of the lumbar spine to further assess for intra-articular abnormalities, return to work on light duty, compounded medication cream and follow up visit. The physician requested treatment included Gabapentin 6 percent, Diclofenac 3 percent, and Bupivacaine 1 percent, 240grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6 percent, Diclofenac 3 percent, Bupivacaine 1 percent, 240grams: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.