

Case Number:	CM15-0231103		
Date Assigned:	12/04/2015	Date of Injury:	08/07/2014
Decision Date:	01/11/2016	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/24/2015

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: Arizona, California
 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 30 year old right handed dominant male, who sustained an industrial injury on 8-7-2014. He reported back pain. The injured worker was diagnosed as having lumbar pain, lumbar sprain and strain, rule out lumbar disc protrusion and radiculopathy and sprain of SI joint, bilaterally. Treatment to date has included diagnostic testing, medications, physical therapy, chiropractic care, injections and inferential unit. Per the progress notes dated 4-24-2015, the IW complains of "intermittent moderate sharp low back pain and stiffness radiating to right leg, associated with sudden or repetitive movement. Aggravating factors are lifting 10 pounds, repetitive sitting, standing, walking and bending. On exam, motor strength is 4+ out of 5 of right hip flexors. The lumbar range of motion is decreased and painful and there is tenderness to palpation of the bilateral SI joints. Kemp's causes pain bilaterally; he has positive straight leg raises and a positive Yeoman's sign bilaterally. Treatment is for oral medication and topical medications". The pain management evaluation progress note dated 10-6-2015, the IW "complains of constant pain in his lower back traveling to both hips, right upper lateral thigh. He rates his pain a 5 out of 10, with 10 being the worst. He also complains of tingling in the right leg. He states he has difficulty getting out of bed and household chores; he has difficulty with bending, climbing, kneeling, lifting, sitting, squatting, standing, twisting and walking. He has difficulty maintaining a nightly sleeping pattern. His pain is reduced with rest and heat. On exam, Kemp's test, Lasege's test are positive. He has a noted sensory deficit of the hip and groin and upper thigh, knee and foot on the right with distorted superficial tactile sensibility. At levels L2-S1, palpation reveals paraspinal and spinal spasms bilaterally, right greater than left. There is

moderate tenderness at the S1 bilaterally and at the buttocks on the right. He has a positive straight leg rise. He has decreased lumbar range of motion. The treatment plan is for facet block and psychological evaluation". The progress note dated 10-9-2015, the IW complains of "constant moderate low back pain, stiffness and heaviness. He rates the pain a 5 out of 10, with 10 being the worst. On exam, the lumbar spine has decreased range of motion. There is tenderness to palpation of the lumbar paravertebral muscles and spinous processes. There is muscle spasm of the lumbar paravertebral muscles. Nachlas and Milgram's test is positive bilaterally. The treatment plan is oral medication, urine analysis, Acupuncture, Chiropractic, Physical Therapy". He has been on the topical medication at least since 4-10-2015. The UR decision, dated 10-29-2015 denied a prescription for 240mg Amantadine 8%, Cyclobenzaprine 2% Pentoxifyline, 10% Bupivacaine, 2% topical. The request for authorization, dated 11-24-2015 is for a prescription for 240mg Amantadine 8%, Cyclobenzaprine 2% Pentoxifyline, 10% Bupivacaine, 2% topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription 240gm Amantadine 8%, Cyclobenzaprine 2% Pentoxifyline 10% Bupivacaine 2% topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine is not recommended due to lack of evidence. Long-term use is not indicated and the claimant was on oral Cyclobenzaprine as well. Since the compound above contains these topical medications, the Amantadine 8%, Cyclobenzaprine 2% Pentoxifyline 10% Bupivacaine 2% topical in question is not medically necessary.