

Case Number:	CM14-0113088		
Date Assigned:	08/01/2014	Date of Injury:	04/18/2007
Decision Date:	09/29/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 44-year-old female who reported an industrial injury on 4/18/2007, over seven (7) years ago, attributed to the performance of her usual job tasks reported as lifting a helium tank from the trunk of a car. The patient continues to complain of persistent low back pain with radiation to the lower left extremity. The objective findings on examination included cervical and lumbar spasms with positive provocative testing; weakness at C5-C6 nerve roots and dermatomes of the right upper extremity; tenderness in the lumbar region with L5 and S1 type root pain; reproducible pain on the left side in the lumbar spine extending to the superior gluteal region; lumbar weakness, paresthesias, numbness. Flexion and extension x-rays were reported to show Rod and screw fixation at levels L5-S1 with an anterior interference screw. There is solid grafting at the level of L5-S1 with no hardware failure. Surgical intervention has included microscopic left T7-T8 hemilaminectomy, medial facetectomy, foraminotomy, and microdiscectomy on 6/19/2012. The patient underwent a 360 lumbar fusion at L5-S1. The patient subsequently underwent L5-S1 decompression and removal of hardware on 5/30/2014. The patient has been prescribed Hydrocodone; Hydromorphone; Diazepam; Omeprazole; Xarelto; Bupropion; Gabapentin and Topical Compounded Creams. The patient was prescribed Lidocaine 6%/Hyaluronic 0.2%/cream #120 g with 1-6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%/Hyaluronic 0.2% / Medication prepared in Cream/Patch #120 with 1 or 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 128-47, Chronic Pain Treatment Guidelines Topical Analgesics ; Anti-Inflammatory Medications Page(s): 112-13; 22; 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Topical Analgesics; Topical Analgesics Compounded.

Decision rationale: The request for compounded topical cream lidocaine 6%/hyaluronic 0.2%/cream #120 g with 1-6 refills is not medically necessary. There is no clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods of time. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. There is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the ODG, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded cream. Therefore, the request for compounded topical cream lidocaine 6%/hyaluronic 0.2%/cream #120 g with 1-6 refills is not medically necessary.