

Case Number:	CM14-0160489		
Date Assigned:	10/06/2014	Date of Injury:	03/27/2009
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 54-year-old male who reported an injury on 03/27/2009. The mechanism of injury was not provided. On 09/02/2014, the injured worker presented with complaints of pain to the lumbar spine and lower extremities. Examination of the lumbar spine noted no infection, right antalgic knee and heel bilateral paravertebral postsurgical wounds. Positive Kemp's and Minor's sign. The diagnoses were failed back syndrome, post lumbar decompression and fusion, post lumbar micro discectomy, lumbar disc protrusion, lumbar neuralgia/neuropathy, sacroiliac joint pain and myofascial spasm and antalgic right lateral flexion. Current medications included Neurontin, and transdermal compound creams. The provider recommended a transdermal compound cream and transportation for office visits, the provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request for Flurbiprofen 20% tramadol 20% Cyclobenzaprine 20% (30 gram jar):
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The request for Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 20% (30gm jars) is not medically necessary. The California MTUS Guidelines state transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The Guidelines note topical NSAIDS are recommended for arthritis and tendinitis of joints that are amenable to topical treatment. The guidelines note that muscle relaxants are not recommended for topical application. Many agents are compounded as monotherapy or in combination for pain control including NSAIDS, opioids, capsaicin and local anesthetics. There is little to no research to support the use of any of these agents. Additionally, the provider's request does not indicate the quantity or frequency of the site at which the medication is intended for in the request as submitted. As such, medical necessity has not been established.

Transportation for office visits/procedures: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Knee & Leg (Acute & Chronic) updated 05/05/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Transportation.

Decision rationale: The request for transportation for office visits/procedures is not medically necessary. The Official Disability Guidelines state transportation to and from appointments are recommended for medically necessary transportation to appointments in the same community for injured workers with disability preventing them from self-transport. Lack of documentation reveals that the injured worker has no disability preventing from self-transport. Additionally, the provider's rationale is not provided. As such, medical necessity has not been established.