

Case Number:	CM14-0185664		
Date Assigned:	11/13/2014	Date of Injury:	05/18/2009
Decision Date:	12/19/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/18/09 when he was involved in a motorcycle accident. He sustained multiple injuries including thoracic spine fractures and underwent a multilevel thoracic spine fusion. He was seen by the requesting provider on 09/03/14. He was having thoracic and lumbar spine pain, left jaw pain, and headaches rated at 6-10/10 without medications and 3-5/10 with medications. Medications were Norco, Lidoderm, ibuprofen, Dexilant, Gas-X and Tums. Physical examination findings included thoracolumbar paraspinal muscle tenderness. He had an antalgic gait. Norco 10/325 mg #90 was prescribed. Authorization for neuropsychological testing and a psychological evaluation was requested. On 11/05/14 there had been benefit with use of a lumbar orthosis. He was receiving psychotherapy treatments. Physical examination findings included thoracic paraspinal muscle and facet joint tenderness. He had an antalgic gait. Authorization for thoracic facet joint injections was requested and medications refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, Fluticasone 1%, 350mg x4 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, topical analgesics Page(s): 111-113.

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for injuries sustained following a severe motorcycle accident. In terms of topical treatments, Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Fluticasone is a corticosteroid and topical preparations are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.