

Case Number:	CM14-0089461		
Date Assigned:	09/19/2014	Date of Injury:	05/17/1994
Decision Date:	10/24/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/13/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 69-year-old male with a reported date of injury on 05/17/1994. The mechanism of injury was not provided. The injured worker's previous treatments included lumbar epidural steroid injections on 12/11/2013 and 08/20/2013 and medications. No diagnostic testing was provided for review. The injured worker's surgical history included bilateral knee replacement in 2001 and 2006 and an L2 to L5 lumbar laminectomy on 08/30/2011. The injured worker was evaluated on 05/04/2014 for mid to low back pain, left hip pain, left leg pain, and bilateral foot pain. The injured worker indicated that he had had an epidural steroid injection 2 months prior and that the injection did help more on the right than on the left. He stated that his pain had returned to the preinjection level. No focused examination or objective findings were documented on that date. The clinician's treatment plan was to update his MRI. A clinical note was also provided from 12/12/2013, but again no objective findings or physical examination findings with regard to the low back were provided. The injured worker's medications included Soma 350 mg 2 tablets as needed, Norco 10/325 mg 1 tablet as needed, Ambien CR 12.5 mg 1 tablet at bedtime, omeprazole 40 mg, Salex 6% cream, oxycodone 30 mg 1 tablet every 6 hours, Lyrica 150 mg 3 times per day, and a combination pain cream. The requests were for pain cream (ketamine 10%/baclofen 2%/cyclobenzaprine 2%/diclofenac 3%/gabapentin 6%/tetracaine 2%), lumbar MRI with contrast, and lumbar MRI without contrast. The rationale for these requests was for low back pain/radiculopathy. The Request for Authorization form was submitted on 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain cream (Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3% Gabapentin 6%, Tetracaine 2%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: The request for pain cream (ketamine 10%/baclofen 2%/cyclobenzaprine 2%/diclofenac 3%/gabapentin 6%/tetracaine 2%) is not medically necessary. The injured worker has been diagnosed with low back pain/radiculopathy. The California MTUS Chronic Pain Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines go on to state that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Specifically regarding ketamine, the guidelines state that topical use is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Baclofen is not recommended. Regarding the cyclobenzaprine, this would fall under other muscle relaxants and the guidelines state there is no evidence for use for any other muscle relaxant as a topical product. Diclofenac 1% gel is recommended for osteoarthritis pain in joints that lend themselves to topical treatment and is not recommended in the 3% dosage. Topical gabapentin is not recommended as there is no peer reviewed literature to support its use. Tetracaine is not recommended; however, lidocaine in the form of a Lidoderm patch is recommended. Therefore, the request for pain cream (ketamine 10%/baclofen 2%/cyclobenzaprine 2%/diclofenac 3%/gabapentin 6%/tetracaine 2%) is not medically necessary.

Lumbar MRI with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back complaints Page(s): 309.

Decision rationale: The request for a lumbar MRI with contrast is not medically necessary. The injured worker did continue to complain of mid low back, left hip, left leg, and bilateral foot pain. The California MTUS/ACOEM Guidelines state that MRI is the test of choice for patients with prior back surgery. However, the documentation provided indicated that the injured worker had had a kidney problem and they were waiting for results of the BUN and creatinine. Those results were not provided for review. Therefore, the request for a lumbar MRI with contrast is not medically necessary.

lumbar MRI without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The request for a lumbar MRI without contrast is medically necessary. The injured worker continued to complain of low back, left hip, left leg, and bilateral foot pain. The California MTUS/ACOEM Guidelines state that MRI is the best choice for patients with prior back surgeries. The provided documentation indicated that the injured worker had a laminectomy from L2 to L5 on 08/30/2011. Although no objective findings were noted, the injured worker did continue to complain of pain in the back that runs down the lateral thigh bilaterally. Therefore, the request for a lumbar MRI without contrast is medically necessary.