MAXIMUS Federal Services

Case Number:	CM14-0097363		
Date Assigned:	07/28/2014	Date of Injury:	06/30/1999
Decision Date:	09/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is 56 year old female who has submitted a claim for lumbar radiculopathy and bilateral knee pain associated from an industrial injury date of June 30, 1999.Medical records from 2013-2014 were reviewed, the latest of which dated July 8, 2014 revealed that the patient complains of constant low back pain that radiates down the bilateral lower extremities. This is accompanied by tingling in the bilateral lower extremities from the level of the hip to the level of the toes. The pain is described as aching, sharp and severe. The pain is aggravated by activity, bending, prolonged sitting, and standing, twisting and walking. The patient reports severe difficulty in sleep. The pain is rated 5/10 with medications and 9/10 without. Pain is improved with resting and taking medications. The patient reports activity of daily living limitations (ambulation, physical activity, self care/hygiene, sexual and sleep). On physical examination, the patient was observed to be in moderate distress. The patient's gait was antalgic and slow. There is tenderness in the spinal vertebral are L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. There is decreased sensitivity to touch along the L4-S1 dermatome in the right lower extremity. Straight leg raise in the seated position was positive bilaterally at 70 degrees. There is tenderness noted at the bilateral knees.Treatment to date has included lumbar hardware block, L5-S1 fusion with L5-S1 residual right sided radiculopathy (2000), right total knee arthroplasty (7/14/12), removal of lumbar spine hardware (12/7/13), lumbar epidural steroid injection, physical therapy, acupuncture, and medications, which include prednisone, Norco, Ultracet, Celebrex, Lyrica, Alprazolam, Tizanidine, Zolpidem, Mirtazapine, Fluoroplex, TG Ice and Gabapentin/tramadol/Cyclobenzaprine cream. A utilization review from May 28, 2014 denied the request for Transdermal Cream (Gabapentin 10% Cyclobenzaprine 6% Tramadol 10%) because there are insufficient large-scale, randomized, controlled references showing the safety

and efficacy of the requested compound prescription; and denied the request for Lint Therapy because this form of neurotherapy is not recommended for chronic pain and there was no evidence of any extenuating circumstances in this patient's specific case.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSDERMAL CREAM (GABAPENTIN 10% CYCLOBENZAPRINE 6% TRAMADOL 10%): Upheld

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

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

Decision rationale: As stated on pages 111-113 of the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The MTUS Chronic Pain Guidelines does not support the use of opioid medications, Cyclobenzaprine and Gabapentin in a topical formulation. The patient has been on Gabapentin/Cyclobenzaprine/Tramadol cream since July 2014 for pain control. However, there is no documentation regarding intolerance to or failure of oral pain medications. Moreover, the use of Gabapentin, Cyclobenzaprine, and Tramadol in topical formulation is not guideline recommended. Therefore, the request is not medically necessary.

LINT THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 121.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain, Pain Research and Treatment, 2011, 152307 (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3195366/).

Decision rationale: An article entitled, "A Novel Image-Guided, Automatic, High-Intensity Neurostimulation Device for the Treatment of Nonspecific Low Back Pain" stated that the pilot study investigated the effectiveness of a novel device in the management of chronic low back pain. In this case, LINT therapy was requested for the chronic low back pain. However, the proposed treatment modality is still on its experimental stage; thus, it is not guideline recommended. There is no supporting evidence submitted on how LINT therapy can provide beneficial effects in this case. Therefore, the request for LINT Therapy is not medically necessary.