MAXIMUS Federal Services

Case Number:	CM14-0097578		
Date Assigned:	07/25/2014	Date of Injury:	01/15/2007
Decision Date:	09/03/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/16/2014

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 Orthopedic Surgery 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 a 29-year-old female with date of injury 15 January 2007. The patient has chronic low back pain. Diagnoses include lumbar degenerative disc condition. The patient had epidural steroid injection at L4-5 and L5-S1. She continues to have chronic low back pain.She had two-level radiofrequency ablation. The patient continues to have pain.On physical exam is tenderness along the low back at both sides of the injections. Range of motion is limited and painful.At issue is whether a compound medicine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Flurbiprofen, baclofen, cyclobenzaprine, gabapentin, lidocaine, ethoxydiglycol liquid and lipopen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation ODG Guidelines.

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:MTUS chronic pain treatment guidelines, ODG guidelines.

Decision rationale: ODG Guidelines do not recommend compound topical analgesic creams as they are considered to be experimental without proven efficacy. The only recommended for the

treatment neuropathic pain after first-line therapy antidepressants and anticonvulsants has failed. This is not documented in this case. There is also no documentation of similar medications to be taken on oral basis. Medical records do not support the need for topical agents for the treatment of this patient's chronic back pain.