

Case Number:	CM14-0191430		
Date Assigned:	11/25/2014	Date of Injury:	09/01/2011
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 39 year old male who was injured on 9/1/2011. The diagnoses are lumbar strain, left ankle sprain and low back pain. The patient had completed acupuncture, PT and shockwave therapy. The 2011 MRI of the lumbar spine showed L5-S1 disc bulge and contact with left S1 nerve root. On 10/9/2014, [REDACTED] noted subjective complaint of low back pain radiating down the extremity. There was objective finding of positive straight leg raising test, decreased range of motion and tenderness to palpation of the lumbar spine. The medications are hydrocodone, gabapentin, omeprazole and compound topical products. The 5/22/2014 and 7/17/2014 UDS reports are inconsistent. A Utilization Review determination was rendered on 10/29/2014 recommending non-certification for Baclofen 2% / Flurbiprofen 5% / L-Carnitine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 2% Flurbiprofen 5% L-Carnitine 15%: 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 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to first line anticonvulsant and antidepressant medications. The records indicate that the patient was diagnosed with joint pain. The records show that the patient is utilizing gabapentin. There is no indication that the patient failed oral NSAIDs treatment. The guidelines recommend that topical products be tried and evaluated individually for efficacy. There is lack of guideline or FDA support for the topical use of baclofen and L-Carnitine in the treatment of joint and back pain. The criteria for the use of Baclofen 2% / Flurbiprofen 5% / L-Carnitine 15% were not met and thus, the request is not medically necessary.