

Case Number:	CM14-0215930		
Date Assigned:	01/06/2015	Date of Injury:	12/24/2001
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female with a date of injury of 12/24/2001. According to progress report dated 11/05/2014, the patient presents with significant flareup of her low back, left hip and left buttock pain following physical therapy. She has completed one session due to increase in pain. She continues with her medications and is currently taking more of hydrocodone as her pain has been flared up. Examination revealed tenderness in the lumbar facet joints, worse on left side. The patient has pain with lumbar extension and there is tenderness over the piriformis muscles. Piriformis stretch test reproduces pain in that area. There is shooting pain in the buttock and into the thigh as well. The listed diagnoses are: 1. Lumbar spondylosis. 2. Sacroiliitis. 3. Piriformis spasm. The treatment plan is for trigger point injections into the left piriformis muscles, continuation of physical therapy sessions, and refill of medications including oxycodone 20 mg, Norco, naproxen, and omeprazole. This is a request for topical cream. The utilization review denied the request on 11/24/2014. Treatment reports from 05/03/2014 to 11/05/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Gabapentin/Lidocaine/Ultraderm, 1gm/1gm/0.6gm/7.4gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications.

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

Decision rationale: This patient presents with a significant flareup of her low back, left hip, and left buttock pain following physical therapy. The current request is for: Flurbiprofen/Gabapentin/Lidocaine/Ultraderm 1 mg/1 mg/0.6 mg/7.4 mg. The MTUS Guidelines p 111 has the following regarding topical creams, topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." The patient does not meet the indications for topical NSAID. Furthermore, Gabapentin is not recommended as a topical formulation and Lidocaine is approved in a patch form only. Therefore, the entire compound topical cream is rendered invalid. The requested topical compound medication (Flurbiprofen/Gabapentin/Lidocaine/Ultraderm 1 mg/1 mg/0.6 mg/7.4 mg) is not medically necessary.