

<b>Case Number:</b>	CM14-0046122		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/16/1988
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 52 year old male who sustained an industrial injury on 06/16/1988. Diagnoses include lumbosacral neuritis, lumbar post laminectomy syndrome-recurrent disc herniation at L5-S1 with 5mm central component and more pressure on the right exiting L5 nerve than left, bilateral pes planus with tarsal tunnel syndrome clinically, proximal and distal nerve entrapment at S1 causing double crush syndrome and resultant numbness in the bottom of the feet. Treatment to date has included diagnostic studies, and medications. A physician progress note dated 03/18/2014 documents the injured worker has profound weakness at the right L5 myotome, an antalgic gait, positive Trendelenburg on the right and more atrophy right peronei complex.. On 03/21/2015, he received a fluoroscopic epidural steroid injection, which was tolerated well. Treatment requested is for prescription of topical compound cream (Ketamine 10%/ Cyclobenzaprine 4%/ Gabapentin 6%/ Tramadol 8%/ Amitriptyline 4%/ Clonidine 0.2%/ Hyaluronic acid 2%), and Two (2) diagnostic transforaminal lumbar steroid injections on the right at L5 under fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) diagnostic transforaminal lumbar steroid injections on the right at L5 under fluoroscopic guidance: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The patient is a 52 year old male with an injury on 06/16/1988. He had a lumbar laminectomy and continues to have a right L5 radiculopathy. On 03/18/2014, he had right L5 weakness. On 03/21/2015, he had an epidural steroid injection. The request is for two more for a series of three epidural steroid injections. MTUS, Chronic Pain notes that the requested series of 3 epidural steroid injections is not recommended. It is not medically necessary.

**Prescription of topical compound cream (Ketamine 10%/ Cyclobenzaprine 4%/ Gabapentin 6%/ Tramadol 8%/ Amitriptyline 4%/ Clonidine 0.2%/ Hyaluronic acid 2%):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

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

**Decision rationale:** The patient is a 52 year old male with an injury on 06/16/1988. He had a lumbar laminectomy and continues to have a right L5 radiculopathy. On 03/18/2014, he had right L5 weakness. On 03/21/2015 he had an epidural steroid injection. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Cyclobenzaprine, which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.