

Case Number:	CM15-0013743		
Date Assigned:	02/02/2015	Date of Injury:	03/13/2010
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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, Pain Management

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 year old male who sustained a work related injury on March 13, 2010, after injuring his neck and low back in a motor vehicle accident. Magnetic Resonance Imaging (MRI) revealed multilevel degenerative disc disease of the lumbar sacral spine. Treatments included diagnostic testing, rest, activity modification, and heat and pain medication. Currently, the injured worker complained of pain in the lower back with numbness and tingling. He complained of leg weakness with difficulty ambulating. On December 24, 2014, a request for a service of a Neurosurgeon consultation between November 14, 2014 and February 21, 2015 was non-certified; one prescription for Soma 350mg, #120 with 3 refills was modified to a certification of one prescription of Soma 350mg, #8 between November 14, 2014 and April 22, 2015; a request for one prescription of Gabapentin 10%, Amitriptyline 10%, and Bupivacaine 5% 210gms between November 14, 2014 and February 21, 2015 was non-certified and one prescription of Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% 210gm between November 14, 2014 and February 21, 2015 was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgeon consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 of ACOEM, consultations

Decision rationale: With regard to the request for specialty consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. In the case of this injured worker, the rationale for a consultation with a neurosurgeon is appropriate because there is documentation of continued spine-based pain, neurologic dysfunction, and functional impairment despite multiple conservative therapeutic approaches. A consultation with a neurosurgeon was already approved according to the utilization review determination, and it expires on 1/10/15. The latest progress note indicates that the neurosurgery appointment is pending, and this note was written in December 2014. Since, this was a duplicate request, this request is not medically necessary.

Soma 350mg quantity 120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for carisoprodol (Soma), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is documentation of Soma usage since at least October 2014. This exceeds guidelines and it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested carisoprodol (Soma) is not medically necessary.

Gabapentin 10%, amitriptyline 10%, bupivacaine 5% 210gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded

formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the request for this specific topical compound which has a component of gabapentin is recommended as not medically necessary.

Flurbiprofen 10%, baclofen 10%, dexamethasone 2% 210gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: Regarding the request for topical baclofen, Chronic Pain Medical Treatment Guidelines state on page 113 that topical baclofen is "Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen." The guidelines further stipulate that if one drug or drug class of compounded formulation is not recommended, then the entire formulation is not recommended. Therefore, this request for a topical compound with baclofen as a component is not medically necessary.