

Case Number:	CM15-0018417		
Date Assigned:	02/06/2015	Date of Injury:	10/01/2014
Decision Date:	06/03/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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: Illinois

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 injured worker is a 26 year old male who sustained a work related injury on October 1, 2014, where he incurred lower back injuries lifting a heavy tire weighing 90 pounds. Treatment consisted of diagnostic imaging, ice, moist heat, lumbosacral support, anti-inflammatory drugs and pain medications. A diagnosis of an acute lumbosacral strain was made. The injured worker presented on 12/08/2014 for a followup evaluation with complaints of 9/10 severe low back pain, stiffness, heaviness, tingling and weakness with muscle spasm. Physical therapy helped to reduce symptoms and increase range of motion. Upon examination of the lumbar spine, the injured worker demonstrated a slow and guarded gait with the use of a back brace. Ranges of motion were decreased and painful with flexion to 20 degrees, extension to 0 degrees and lateral bending to 20 degrees. There was tenderness to palpation over the lumbar paravertebral muscles, lumbar paravertebral muscle spasm, pain with Kemp's testing bilaterally, and pain with sitting straight leg raise on the left. Treatment recommendations at that time included an MRI of the lumbar spine, electrodiagnostic studies, a course of physical therapy, continuation of the current medication regimen, and a TENS/EMS unit. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen/Tramadol in mediderm base 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Procedure Summary, topical analgesics.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. There is also no frequency listed in the request. As such, the request is not medically necessary.

Gabapentin/Amitriptyline/Bupivacaine in cream base 210gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Procedure Summary, topical analgesics.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. There is also no frequency listed in the request. As such, the request is not medically necessary.

Gabapentin/Dextromethorphan/Amitriptyline in mediderm base 30gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Procedure Summary, topical analgesics.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. There is also no frequency listed in the request. As such, the request is not medically necessary.

Flubiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin 210gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Procedure Summary, topical analgesics.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. Muscle relaxants are also not recommended for topical use. There is no frequency listed in the request. Given the above, the request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Procedure Summary, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89.

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically necessary.