

Case Number:	CM15-0111522		
Date Assigned:	06/18/2015	Date of Injury:	05/03/2006
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male, who sustained an industrial injury on 05/03/2006. The injured worker reported to be carrying a heavy box when he felt a pop in his low back followed by low back pain. On provider visit dated 04/22/2015 the injured worker has reported lower back pain, right knee pain, and left ankle pain. Documentation stated that the injured worker has had 2 prior lumbar surgeries. On examination he was noted to have tenderness of lumbar spine and a decreased range of motion. Positive straight leg raise was noted bilaterally. Tenderness of the right knee and crepitus with range of motion and gait was slightly antalgic. Left ankle tenderness at the medial and lateral aspect was noted, as well as swelling of the ankle. The diagnoses have included status post remote lumbar decompression 12/2012, lumbar spondylosis, lumbar radiculopathy, right knee pain rule out osteochondral defect/chronic sprain/strain and generalized abdominal discomfort- rule out industrial causation. Treatment to date has included physical therapy, medication, laboratory studies and topical antiepileptic cream. The provider requested topical antiepileptic cream for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical antiepileptic cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical creams: FDA-approved agents Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: This claimant was injured in 2006 with low back pain. There is continued tenderness post a 2012 lumbar decompression. Topical antiepileptic cream has been used in the past, with unknown objective improvement. Per the Chronic Pain Medical Treatment Guidelines, page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. Therefore, this request is not medically necessary.