

Case Number:	CM15-0114538		
Date Assigned:	06/22/2015	Date of Injury:	09/17/2007
Decision Date:	07/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/15/2015

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

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 was a 68-year-old male, who sustained an industrial injury, September 17, 2007. The injured worker previously received the following treatments lumbar spine MRI which showed L4-L5 with severe bilateral neural foraminal narrowing and moderate canal stenosis secondary to Grade 1 anterolisthesis and facet joint hypertrophy, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral lower extremities showed no evidence of neurological impairment, Ibuprofen, Neurontin, topical lotion and Terocin Patches. The injured worker was diagnosed with acquired spondylolisthesis, lumbar facet joint arthropathy and lumbar disc displacement with myelopathy, sacroiliac joint pain, lumbar stenosis and lumbar neuralgia. According to progress note of May 8, 2015, the injured worker's chief complaint was Lower back pain. The injured worker had a bilateral L4-L5 and L5-S1 radiofrequency neurotomies on February 5, 2013. The injured worker received 100% pain relief of the lumbar spine pain; however, over the past 10 weeks the pain slowly returned. The injured worker rated the pain as moderate to severe; 7 out of 10. There was intermittent radiation of pain into the lower extremities. The physical exam noted decreased range of motion by 15-20% with complaints of lower back pain. The muscle strength was 5 out of 5 in all muscle groups. The sensory exam was intact with pinprick. The deep tendon reflexes to the knees and ankles were diminished symmetrically. The straight leg raises was positive at 80-90degrees in the left lower extremity. The treatment plan included prescriptions for Cyclobenzaprine/Lidocaine cream, Flurbiprofen/Lidocaine cream and Gabapentin/Amitriptyline/Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine/Lidocaine (DOS: 09/19/2014): 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Retrospective: Cyclobenzaprine/Lidocaine (DOS: 09/19/2014) is not medically necessary and appropriate.

Retrospective: Flurbiprofen/Lidocaine (DOS: 09/19/2014): 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Retrospective: Flurbiprofen/Lidocaine (DOS: 09/19/2014) is not medically necessary and appropriate.

Retrospective: Gabapentin/Amitriptyline/Capsaicin (DOS: 09/19/2014): 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of these anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Retrospective: Gabapentin/Amitriptyline/Capsaicin (DOS: 09/19/2014) is not medically necessary and appropriate.