

Case Number:	CM15-0115627		
Date Assigned:	06/23/2015	Date of Injury:	04/19/2012
Decision Date:	08/04/2015	UR Denial Date:	05/14/2015
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, Hawaii
 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 53 year old male, who sustained an industrial injury on 4/19/12. He reported initial complaints of back pain after a fall. The injured worker was diagnosed as having lumbar/lumbosacral disc degeneration; lumbosacral neuritis NOS; brachial neuritis NOS; postsurgical states NEC; cervical spinal stenosis; sprain of neck; neuralgia/neuritis NOS; spasm of muscle; lumbar disc displacement; contusion of back; sprain sacroiliac region; cervical spondylopathy with myelopathy; myalgia and myositis NOS; lumbosacral spondylosis; arthrodesis status; spondylolisthesis; joint pain-shoulder. Treatment to date has included status post cervical decompression/fusion C3-4 (3/26/14); Toradol injection (12/24/14); physical therapy; left L5/S1 transforaminal epidural steroid injections (10/8/14); medications. Diagnostics included MRI cervical spine (1/6/14); MRI lumbar spine (1/6/14). Currently, the PR- 2 notes dated 1/21/15 indicated the injured worker returns to this office for pain management re- evaluation. He has severe lower back pain and left leg pain and weakness. He states his left leg is giving out on him and is weak. He has not received his medications for prescriptions of Norco and Elavil in November and December. A repeat epidural was denied as it did not show greater than 50% improvement. The provider notes this is not true as he documents 50% temporary reduction of pain after the last injection on 10/8/14 for approximately 5-6 weeks and was able to walk more and do more around the house. He presents with increased lumbar spine pain and unchanged cervical spine pain. He has had physical therapy and reported benefit from this. He reports his pain has increased rated at 6/10 and described as spasm, throbbing, and the cervical spine pain is rated 5/10 with spasm and throbbing. He is currently not

working and reports difficulty sleeping. He is a status post cervical fusion/decompression at C3-4 on 3/26/14. On physical examination the provider documents there is tenderness to palpation over the right lumbar facets, left lumbar facets, right and left paravertebral lumbar spasms; right and left thoracolumbar spasms. Straight leg raise is positive on the left at 45 degrees. Gait is antalgic and muscle tone is without atrophy on abnormal movements. There is swelling in the left knee with temperature changes and tenderness to palpation to the lateral left knee. Sensory is grossly intact to light touch. Other submitted documentation notes an anterior/posterior lumbar fusion at L4-5 was authorized. The provider has requested authorization for compound Diclofenac/Gabapentin/Lidocaine/Sterile WA/Ethox #360 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Diclofenac/Gabapentin/Lidocaine/Sterile WA/Ethox #360 with 2 refills: Upheld

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

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

Decision rationale: The patient presents with pain affecting the lumbar spine. The current request is for Compound Diclofenac/Gabapentin/Lidocaine/Sterile WA/Ethox #360 with 2 refills. The report with this request was not provided for review. The MTUS guidelines state, "Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Furthermore, it specifically states that Gabapentin is not recommended and Lidocaine is only recommended in the patch formation. In this case, the treating physician has prescribed a cream that the MTUS guidelines do not support. The current request is not medically necessary.