

Case Number:	CM15-0118908		
Date Assigned:	06/29/2015	Date of Injury:	08/09/1998
Decision Date:	09/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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, Illinois

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 73-year-old male, who sustained an industrial injury on August 9, 1998; He was diagnosed with radial tenosynovitis, carpal tunnel syndrome, lumbosacral spondylosis and lumbar sprain. Treatment included pain medications, antidepressants, anti-inflammatory drugs, topical analgesic creams, lotions, and activity modifications. Currently, the injured worker complained of chronic back pain with exacerbation. He was noted to have lumbosacral tenderness and pain with flexion. Lumbar Magnetic Resonance Imaging revealed degenerative changes and osteoarthritis. The treatment plan that was requested for authorization included bilateral cortisone facet injections with fluoroscopy and ultrasound, prescriptions for Norco, Flurbiprofen cream, Gabapentin cream and Cyclobenzaprine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Cortisone Facet Injections L5-S1 with fluoroscopy and ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Facet Joint Medial Branch Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Fluoroscopy (for ESI's).

Decision rationale: The injured worker sustained a work related injury on August 9, 1998. He was diagnosed with radial tenosynovitis, carpal tunnel syndrome, lumbosacral spondylosis and lumbar sprain. Treatment included pain medications, antidepressants, anti-inflammatory drugs, topical analgesic creams, lotions, and activity modifications. The medical records provided for review do not indicate a medical necessity for Bilateral Cortisone Facet Injections L5-S1 with fluoroscopy and ultrasound. The MTUS recommends against facet injections. Fluoroscopy is live X-ray. Like Ultrasound, it is used in guiding needle into injection site. Therefore, the two methods are not be used together and is not medically necessary.

Norco 10/325mg 1 tablet every 4-6 hours, quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on August 9, 1998. He was diagnosed with radial tenosynovitis, carpal tunnel syndrome, lumbosacral spondylosis and lumbar sprain. Treatment included pain medications, antidepressants, anti-inflammatory drugs, topical analgesic creams, lotions, and activity modifications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg 1 tablet every 4-6 hours, quantity unspecified. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for long-term treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 01/2015. The medical records do not indicate the injured worker is properly managed for pain control, activities of daily living and adverse effects. Furthermore, the requested treatment is of unspecified quantity; the records indicate the worker has already used it for a long time. Therefore, the request is not medically necessary.

Flurbiprofen 20% 30gm cream Flurbiprofen/Lidocaine/Verapro Base: 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: The injured worker sustained a work related injury on August 9, 1998. He was diagnosed with radial tenosynovitis, carpal tunnel syndrome, lumbosacral spondylosis and lumbar sprain. Treatment included pain medications, antidepressants, anti-inflammatory

drugs, topical analgesic creams, lotions, and activity modifications. The medical records provided for review do not indicate a medical necessity for Flurbiprofen 20% 30gm cream Flurbiprofen/Lidocaine/Verapro Base. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Neither Flurbiprofen, nor Verapro is recommended. Lidocaine is only recommended as the Lidoderm patch. Therefore, the request is not medically necessary.

Gabapentin 10% 30gm cream (Gabapentin/Amitriptyline/Capsaicin/Verapro Base):
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: The injured worker sustained a work related injury on August 9, 1998. He was diagnosed with radial tenosynovitis, carpal tunnel syndrome, lumbosacral spondylosis and lumbar sprain. Treatment included pain medications, antidepressants, anti-inflammatory drugs, topical analgesic creams, lotions, and activity modifications. The medical records provided for review do not indicate a medical necessity for Gabapentin 10% 30gm cream (Gabapentin/Amitriptyline/Capsaicin/Verapro Base). The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary, as neither of the agents is recommended.

Cyclobenzaprine 10% 30gm cream (Cyclobenzaprine Powder/Lidocaine/Verapro Base):
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: The injured worker sustained a work related injury on August 9, 1998. He was diagnosed with radial tenosynovitis, carpal tunnel syndrome, lumbosacral spondylosis and lumbar sprain. Treatment included pain medications, antidepressants, anti-inflammatory drugs, topical analgesic creams, lotions, and activity modifications. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 10% 30gm cream (Cyclobenzaprine Powder/Lidocaine/Verapro Base). The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary, as neither Cyclobenzaprine nor verapro is recommended). Lidocaine is only recommended in the form of Lidoderm patch.