

Case Number:	CM15-0120113		
Date Assigned:	06/30/2015	Date of Injury:	07/17/2014
Decision Date:	07/29/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/22/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 48-year-old male who sustained an industrial injury on 07/17/2014. His mechanism of injury and initial report of injury are not found in the records reviewed. He was diagnosed with lumbar spine pain. Treatment has included conservative care of physical and manipulating therapy, acupuncture, injections, and prescribed medications with later treatment of a L4-L5 microdiscectomy, and physical therapy post-surgery, which he felt did not help him. MRI of 07/23/2014 documented an L4-L5 disc herniation with extrusion displacing the right L5 nerve root. A MRI completed post-surgery on 04/06/2015 documented perineural and epidural enhancement consistent with post-surgical fibrosis and moderate stenosis at L5-L5. In the exam of 05/28/2015, the injured worker complains of severe pain rated an 8/10 in the right lower back, buttock and into the posterior thigh to the knee. Medications help alleviate some of his symptoms, Sitting and standing greatly aggravate the pain, Lying down slightly lessen the pain. On examination, he has a small, well-healed midline incision. Paraspinal tenderness is present with light palpation. Range of motion is markedly decreased in all directions. Bilateral SI joints are non-tender. He has full range of motion in the hips and knees bilaterally with diminished motor strength in the right lower extremity. Hip flexion and extension is rated at 4/5, right knee flexion 4/5, extension at 4+/5, plantar flexion at 4/5, and dorsiflexion at 5-/5. Straight leg rising is positive at 60 degrees in the right lower extremity. His diagnoses include right lower extremity radiculopathy, and post laminectomy syndrome. As of 05/28/2015, his medications include Norco, which has been prescribed intermittently, and Lyrica, which was started 04/30/2015. Topical analgesics have also been prescribed. His treatment plan includes continuation of medications. A request for authorization is made for the following: 1 Container of compound medication (Flurbiprofen Powder, Lidocaine Powder, Amitriptyline HCL, Powder, PCCA Custom Cream Lipo-Max) 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of compound medication (Flurbiprofen Powder, Lidocaine Powder, Amitriptyline HCL, Powder, PCCA Custom Cream Lipo-Max) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: 1 Container of compound medication (Flurbiprofen Powder, Lidocaine Powder, Amitriptyline HCL, Powder, PCCA Custom Cream Lipo-Max) 180 grams is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED) and Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.