

Case Number:	CM15-0128717		
Date Assigned:	07/15/2015	Date of Injury:	10/13/1994
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/03/2015

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 is a 52-year-old female, who sustained an industrial injury on October 13, 1994. The injured worker was diagnosed as having cervical degenerative disease, left upper extremity radiculopathy, severe lumbar degenerative disc disease (DDD), lumbar fusion and neuropathic pain. Treatment to date has included epidural steroid injection, numerous lumbar and shoulder surgeries, pain management, weight loss program, chiropractic and physical therapy. A progress note dated June 9, 2015 provides the injured worker complains of decubitus ulcers around the buttocks, low back pain radiating down the right leg and neck pain radiating to both shoulders. She rates her pain 7-8/10 with medication and 10/10 without medication. Physical exam notes ambulation with a cane, decreased cervical range of motion (ROM), lumbar tenderness and decreased range of motion (ROM). The plan includes topical and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for KGLBC Cream #240: Upheld

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

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

Decision rationale: The patient presents with decubitus ulcers in the buttocks region bilaterally, low back pain that radiates down the right leg, and pain over the cervical spine that radiates into both shoulders rated 7-8/10 with and 10/10 without medications. The request is for 1 PRESCRIPTION FOR KGLBC CREAM #240. The request for authorization is dated 06/16/15. Physical examination of the cervical spine reveals bilateral cervical paraspinous tenderness. There is 1+ palpable muscle spasm present. Sensory exam reveals hypesthesia in the left C6-C7 dermatomes. Exam of the lumbar spine reveals bilateral lumbar paraspinous tenderness from L1 to S1, 1+ to 2+ spasm. The patient has a positive straight leg raise on the right at 50 degrees. Sensory exam reveals hypesthesia in the right L5 dermatomes. Exam of the buttock region reveals positive allodynia. The patient received a caudal epidural steroid injection on 04/18/13, without relief. She has had history of five lumbar spine surgeries and two cervical spine surgeries. She has had three previous right shoulder surgeries performed and has a known left rotator cuff tear. She notes history of both cervical and lumbar epidural injections. She completed ████████ Weight Loss Program about a year and half ago which she found beneficial. The patient notes history of conservative treatments including physical therapy and chiropractic treatments. The patient's medications include Morphine, Amitriptyline, Gabapentin, Lidocaine patches and Senokot-S. The patient's work status is not provided. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per progress report dated 06/09/15, treater's reason for the request is "for treatment of neuropathic pain." This appears to be the initial trial prescription for KGLBC Cream. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, Baclofen and Cyclobenzaprine, which are not supported for topical use. Additionally, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Finally, topical NSAIDs are indicated for osteoarthritis and tendinitis, which the patient does not present with nor documented by treater. Therefore, the request IS NOT medically necessary.

1 prescription for TAD cream #240: Upheld

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

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

Decision rationale: The patient presents with decubitus ulcers in the buttocks region bilaterally, low back pain that radiates down the right leg, and pain over the cervical spine that radiates into

both shoulders rated 7-8/10 with and 10/10 without medications. The request is for 1 PRESCRIPTION FOR TAD CREAM #240. The request for authorization is dated 06/16/15. Physical examination of the cervical spine reveals bilateral cervical paraspinous tenderness. There is 1+ palpable muscle spasm present. Sensory exam reveals hypesthesia in the left C6-C7 dermatomes. Exam of the lumbar spine reveals bilateral lumbar paraspinous tenderness form L1 to S1, 1+ to 2+ spasms. The patient has a positive straight leg raise on the right at 50 degrees. Sensory exam reveals hypesthesia in the right L5 dermatomes. Exam of the buttock region reveals positive allodynia. The patient received a caudal epidural steroid injection on 04/18/13, without relief. She has had history of five lumbar spine surgeries and two cervical spine surgeries. She has had three previous right shoulder surgeries performed and has a known left rotator cuff tear. She notes history of both cervical and lumbar epidural injections. She completed [REDACTED] Weight Loss Program about a year and half ago which she found beneficial. The patient notes history of conservative treatments including physical therapy and chiropractic treatments. The patient's medications include Morphine, Amitriptyline, Gabapentin, Lidocaine patches and Senokot-S. The patient's work status is not provided. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 06/09/15, treater's reason for the request is "for treatment of neuropathic pain." This appears to be the initial trial prescription for TAD Cream. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Tramadol, which is not supported for topical use. Therefore, the request IS NOT medically necessary.