

Case Number:	CM15-0171356		
Date Assigned:	09/14/2015	Date of Injury:	05/26/2014
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 29-year-old male who sustained an industrial injury on 5/26/14. Injury occurred when he was closing a stable gate and two cows hit the door, causing him to fall backward landing on his buttock with his right lower extremity tucked underneath. Past medical and social history was negative. Social history was positive for smoking. The 7/29/15 treating physician report cited constant stabbing low back pain radiating down the right posterior leg to the toes with weakness, numbness and tingling. Symptoms were aggravated by lifting, carrying, bending, and prolonged standing and walking. Symptoms were relieved with lying down. Conservative treatment had included physical therapy, chiropractic, activity modification, epidural steroid injection, and medications. Physical exam documented positive right nerve tension signs, difficulty in toe/heel walk, right peroneus longus brevis weakness, and diminished right Achilles reflex. Imaging showed a 5 mm right disc extrusion extending into the lateral recess, dorsally displacing the right S1 nerve root. X-rays were obtained and showed mild L5/S1 disc space narrowing and facet arthropathy. The treatment plan included L5/S1 microdiscectomy and laminectomy and associated surgical consult and pre-operative medical clearance and testing. Prescriptions were written for Naproxen, Omeprazole, and Lyrica. Authorization was also requested for a new prescription for Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, and Cyclobenzaprine 2% topical compound 360 gm with 2 refills, and a 3-4 day hospital stay for surgery. The 8/20/15 utilization review certified requests for L5/S1 right sided laminectomy and discectomy, orthopedic spine surgery consultation, and pre-operative medical clearance to include history and physical, chest X-ray, EKG, and lab testing.

The request for Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, and Cyclobenzaprine 2% topical compound 360 gm with 2 refills was non-certified as not all compounds were recommended by the guidelines. The request for 3 to 4 day inpatient stay was modified to a 2- day hospital stay consistent with evidence based medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Flurbiprofen 20 Percent, Gabapentin 6 Percent, Lidocaine 5 Percent, Baclofen 2 Percent, Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California MTUS guidelines for topical analgesics state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not on the list of approved topical non-steroidal anti-inflammatory drugs. Topical gabapentin is not recommended by the guidelines, as there was no peer-reviewed literature to support use. Topical Lidocaine is only recommended for neuropathic pain in the dermal patch formulation. No other formulations (cream, lotions, or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. Guidelines do not recommend Baclofen and that there is no evidence of use of any other muscle relaxant, i.e. cyclobenzaprine, as a topical product. Given the absence of guideline support for all components of this product, this product is not recommended by guidelines. Additionally, there is no evidence that oral medications have been ineffective or not tolerated. Therefore, this request is not medically necessary.

Associated Surgical Service: 3-4 Day Hospital Stay for Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median length of stay for lumbar laminectomy is 2 days and best practice target is 1 day. The recommended median length of stay for lumbar discectomy is 1 day and best practice target is outpatient. The 8/20/15 utilization review modified the request for 3 to 4 days length of stay to 2 days. There is no compelling reason to support the medical necessity beyond guideline recommendations and the 2 day hospital stay previously certified. Therefore, this request is not medically necessary.