

Case Number:	CM15-0171490		
Date Assigned:	09/11/2015	Date of Injury:	06/02/2002
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	08/31/2015

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 68 year old male, who sustained an industrial injury on 6-2-02. The injured worker was diagnosed as having cervicalgia; lumbago; failed back syndrome; lumbar disc displacement; lumbar radiculopathy. Treatment to date has included status post cervical fusion C4-7; status post lumbar surgery (4-11-08); physical therapy; medications. Currently, the PR-2 notes dated 8-19-15 indicated the injured worker complains of neck and shoulder pain, left arm pain, lower back pain and left leg pain. He is a status post cervical fusion at C4-7 as reported by this provider. There was no date of the surgery noted. The injured worker reports to the provider that he has been experiencing increased pain and reporting that the "hardware is loose." He has been seen by to surgeons for the repair of the hardware and is now pending that surgery. He is also reporting lumbar pain. The provider documents the results of a lumbar spine MRI dated 7-7-13 revealing surgical changes and hardware at L3-4, L4-5, disc bulge at L5-S1 with encroachment. The provider notes the injured worker also has a left TFSEI L4-5 on 9/11/13 with significant improvement of symptoms. He notes the injured worker is on pain medications for the management of his symptoms. He then notes the cervical fusions were at C2-7. The provider indicates that on 6-1-15, the injured worker was seen for a medications refill and pain was well controlled but wanted to try to wean. He decreased his "oxy to 10mg and starting a trial of Ambien today. No further changes or concerns." On 6-29-15, the provider documents the injured worker was seen for medication refill. He reported "occasional local stabbing pain in his back where his primary doctor found a remaining stable post op." He was referred to a surgeon for hardware evaluation with no changes to regimen as the pain was well controlled. On this visit,

the provider documents "Patient here for CT scan results, spondylosis in thoracic area. His SCS (spinal cord stimulator) is in place at posterior T9 thecal sac margin." He notes his pain score was 5 out of 10 with severe pain this weekend but managed it at home. The provider documents a physical examination noting the cervical spine range of motion is limited with flexion 20 degrees, extension and lateral rotation and pain with movement. The trapezius and rhomboids muscles have tenderness and" he is wearing a neck brace with staples intact" and well approximated with no drainage or swelling. The lumbar spine examination is documented as range of motion is limited to extension, flexion 10 degrees, straight leg raise is positive on the left which refers to the back and lateral rotation. His pain is noted with movement and paravertebral muscle tenderness with spinous tenderness. He has a negative Waddell's sign. The provider's treatment plan includes the additional of the compound cream for superficial pain above the stimulator. A Request for Authorization is dated 8-31-15. A Utilization Review letter is dated 8-28-15 and non-certification was for Compound cream: Ketamine, Baclofen, Cyclobenzaprine, Diclofenac, Gabapentin, Bupropion 100cc QTY: 1 with 1 refill. Utilization Review non-certified the requested treatment(s) were denied for not meeting the CA MTUS Chronic Pain Medical Treatment Guidelines. The provider is requesting authorization of Compound cream: Ketamine, Baclofen, Cyclobenzaprine, Diclofenac, Gabapentin, Bupropion 100cc QTY: 1 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Ketamine, Baclofen, Cyclobenzaprine, Diclofenac, Gabapentin, Bupropion 100cc QTY: 1 with 1 refill: 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 patient presents with diagnoses include cervicalgia, lumbago, failed back syndrome, lumbar disc displacement, lumbar radiculopathy. Currently the patient complains of neck and shoulder pain, left arm pain, lower back pain and left leg pain. Additionally, the patient complains the "hardware is loose." He is currently pending surgery for the repair of the hardware. The current request is for compound cream: Ketamine, Baclofen, Cyclobenzaprine, Diclofenac, Gabapentin, Bupropion 100cc, quantity 1 with 1 refill. The treating physician states on 8/19/15 (18C) "compound cream for superficial pain above the stim." MTUS guidelines are specific that topical NSIADS are for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Additionally, MTUS guidelines on topical analgesics state the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the usage of Baclofen and specifically states "Not recommended." Additionally, no clinical records were provided that documented a peripheral joint arthritic condition that requires topical NSAIDS. The current request is not medically necessary.