

Case Number:	CM15-0173728		
Date Assigned:	09/15/2015	Date of Injury:	07/18/2002
Decision Date:	10/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/03/2015

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: Emergency 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 70 year old female, who sustained an industrial injury on 07-18-2002. The injured worker is currently not working and permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for status post posterior lumbar interbody fusion L5-S1, status post L3-L4 posterior lumbar interbody fusion with removal of hardware, L2-L3 junctional discopathy, and status post multiple posterior lumbar decompression and fusion with chronic spinal pain. Treatment and diagnostics to date has included lumbar spine surgeries and use of medications. Current medications include Norco and Gabapentin. In a progress note dated 07-15-2015, the injured worker presented for a follow up on her low back and for chronic long term pain management. Objective findings included slight flattening of lumbar lordosis, well healed scar in the posterior lumbar spine region, tenderness in the paraspinous musculature of the lumbar region bilaterally, and decreased lumbar range of motion. The physician noted obtaining a urine specimen to monitor medication use. The request for authorization dated 07-15-2015 requested retrospective urinalysis, orthopedic re-evaluation, acupuncture therapy, and Flurbiprofen 20%-Baclofen 2%-Cyclobenzaprine 2%-Gabapentin 6%-Lidocaine 2% cream. The Utilization Review with a decision date of 08-25-2015 denied the request for retrospective compound cream (Flurbiprofen 20%-Baclofen 2%-Cyclobenzaprine 2%-Gabapentin 6%-Lidocaine 2%), retrospective urinalysis, and retrospective acupuncture 6 visits to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound cream: Flurbiprofen 20%/Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Lidocaine 2% 180 gms (dispensed 7/15/15): 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Baclofen: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 3) Cyclobenzaprine: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 4) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 5) Lidocaine: Lidocaine is only approved for peripheral neuropathic pain after failure of 1st line treatment. There are FDA approved lidocaine formulations readily available. There is no justification to use unapproved formulation. Not a single component is medically recommended. This non-evidence based compounded product is not medically necessary.

Retrospective urinalysis (dos not provided): 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): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug testing is an option to monitor patients for compliance and aberrant behavior on opioids. Patient is not noted to be on any opioids or any medications at risk for abuse. Provider has not documented any risk for drug abuse requiring monitoring. There is not a single criteria met for urine drug screening. The request is not medically necessary.

Retrospective acupuncture 8 visits lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: As per MTUS Acupuncture guidelines, acupuncture is an option for chronic pain. Guideline recommends a trial of up to 4-6 before any additional sessions are recommended. This request exceeds guideline recommendations and is therefore not medically necessary.