

Case Number:	CM15-0175388		
Date Assigned:	09/18/2015	Date of Injury:	08/07/2013
Decision Date:	10/20/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 25-year-old female, with a reported date of injury of 08-07-2013. The diagnoses include two-level annual tear in the lumbar spine, normal bladder emptying, excluding cauda equina syndrome, thoracic muscle spasm, thoracic sprain and strain, lumbar myospasm, lumbar radiculopathy, lumbar sprain and strain, rule out lumbar disc protrusion, and gait abnormality. Treatments and evaluation to date have included medications and therapy. The diagnostic studies to date have included an MRI of the thoracic spine on 07-11-2015 which showed disc desiccation at T9-10 with mild associated loss of disc height, diffuse disc herniation at T9-10, T10-11, T11-12, and T12-L1, and thoracic dextroconvex scoliosis; an MRI of the lumbar spine on 07-11-2015 which showed disc desiccation at L4-5 and L5-S1, and diffuse disc herniation at L4-5 and L5-S1; and a urine drug screen on 02-25-2015 with negative findings. The progress report dated 07-10-2015 indicates that the injured worker complained of intermittent thoracic spine pain, which was rated 7 out of 10 without medications and 5 out of 10 with medications; and lumbar spine pain, rated 8 out of 10 without medication and 5 out of 10 with medications. The objective findings include decreased and painful thoracic range of motion, tenderness to palpation of thoracic paravertebral muscles, muscle spasm of the thoracic paravertebral muscles; decreased and painful lumbar range of motion; tenderness to palpation of the lumbar paravertebral muscles; muscle spasm of the lumbar paravertebral muscles; and positive left straight leg raise test. The injured worker has been instructed to remain off work until 08-24-2015. The treating physician requested Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic acid 0.2% 30 grams in cream base and Amitriptyline

HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%-Hyaluronic Acid 0.2% 30 grams in cream base. On 08-06-2015, Utilization Review (UR) non-certified the retrospective request for Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic acid 0.2% 30 grams in cream base and Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%-Hyaluronic Acid 0.2% 30 grams in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2% in cream base, 72 hour supply, 30 grams: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and steroid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and steroidal medications for this chronic injury without improved functional outcomes attributable to their use. The Retro Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2% in cream base, 72 hour supply, 30 grams is not medically necessary and appropriate.

Retro Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base, 72 hour supply, 30 grams: 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are

no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded antidepressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of antidepressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The Retro Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base, 72-hour supply, 30 grams is not medically necessary and appropriate.