

Case Number:	CM15-0178492		
Date Assigned:	09/18/2015	Date of Injury:	10/04/2013
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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 40 year old male who sustained an industrial injury on 10-4-13. The injured worker reported cervical spine pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervical disc displacement and disc disorder cervical. Medical records dated 8-13-15 indicate pain rated at 9 out of 10. Provider documentation dated 6-18-15 noted the work status as "not working". Treatment has included radiographic studies, physical therapy, cervical spine magnetic resonance imaging (7-6-15), bilateral upper extremity electromyography and nerve conduction velocity study (8-6-15), injection therapy, Neurontin since at least January of 2015, and Lyrica since at least January of 2015. Objective findings dated 8-13-15 were notable for tenderness to the paravertebral muscles with limited range of motion. The original utilization review (8-28-15) denied a request for Flurb-Cap 10%-0.025% 120 grams and Lido-Gaba 5%-10% 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurb/Cap 10%/0.025% 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

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

Decision rationale: The requested Flurb/Cap 10%/0.025% 120gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009: Chronic pain, page 111-113, Topical Analgesics: Do not recommend topical analgesic creams as they are considered "highly experimental; without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants". The injured worker is undergoing treatments for cervical disc displacement and disc disorder cervical. Medical records dated 8-13-15 indicate pain rated at 9 out of 10. Provider documentation dated 6-18-15 noted the work status as "not working". Treatment has included radiographic studies, physical therapy, cervical spine magnetic resonance imaging (7-6-15), bilateral upper extremity electromyography and nerve conduction velocity study (8-6-15), injection therapy, Neurontin since at least January of 2015, and Lyrica since at least January of 2015. Objective findings dated 8-13-15 were notable for tenderness to the paravertebral muscles with limited range of motion. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurb/Cap 10%/0.025% 120gm is not medically necessary.

Lido/Gaba 5%/10% 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

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

Decision rationale: The requested Lido/Gaba 5%/10% 120mg, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009: Chronic pain, page 111-113, Topical Analgesics: Do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants". The injured worker is undergoing treatments for cervical disc displacement and disc disorder cervical. Medical records dated 8-13-15 indicate pain rated at 9 out of 10. Provider documentation dated 6-18-15 noted the work status as "not working". Treatment has included radiographic studies, physical therapy, cervical spine magnetic resonance imaging (7-6-15), bilateral upper extremity electromyography and nerve conduction velocity study (8-6-15), injection therapy, Neurontin since at least January of 2015, and Lyrica since at least January of 2015. Objective findings dated 8-13-15 were notable for tenderness to the paravertebral muscles with limited range of motion. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Lido/Gaba 5%/10% 120mg is not medically necessary.

