

Case Number:	CM15-0060698		
Date Assigned:	04/06/2015	Date of Injury:	04/01/2007
Decision Date:	06/10/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/30/2015

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, Arizona
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 54 year old male who sustained an industrial injury on 04/01/07. Initial complaints and diagnoses are not available. Treatments to date include bilateral radiofrequency denervation of L3-L5 medial branch nerves, under fluoroscopy. Diagnostic studies are not addressed. The injured worker presented on 03/05/2015 for a follow-up evaluation regarding low back and lower extremity pain. The injured worker was status post bilateral radiofrequency ablation of the medial branch nerves at L3-5 in 02/2015 with an overall 50% to 60% decrease of low back and stiffness. The injured worker noted minimal lower extremity radicular pain with tingling sensation in the bilateral feet. Ongoing neck pain with radiating symptoms into the right shoulder was also reported. The injured worker was utilizing methadone, Cymbalta, Doral, Soma, and two separate compounded creams. Upon examination of the lumbar spine, the injured worker demonstrated difficulty rising from a seated position and utilized a cane for ambulation assistance. There was limited range of motion of the lumbar spine in all direction secondary to increased pain, tightness, and stiffness. There was tenderness to palpation over the lumbar spinous processes and interspaces from L2-S1. There was minimal tenderness over the facet joints from L2-S1 bilaterally with positive provocation tests. There was tenderness over the sacroiliac joints bilaterally with significant tightness, tenderness, and trigger points in the lumbar paravertebral muscles, quadratus lumborum, gluteus medius/maximus, and piriformis muscles. Straight leg raise test was negative in the sitting position bilaterally. Lower extremity reflexes were present at the bilateral patella and diminished at the bilateral Achilles. Sensory examination showed diminished sensation to light touch over the right L4, L5, and S1 nerve root distributions. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg quantity 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines because long term efficacy is unproven and there is a risk of dependence. In this case, it is unclear how long the injured worker has utilized the above medication. The injured worker does not maintain a diagnosis of anxiety disorder. The guidelines do not support long term use of benzodiazepines. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Flurbiprofen 10%/Gabapentin 10%/Lidocaine 10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA-approved topical NSAID is diclofenac. The request for a compounded cream containing flurbiprofen would not be supported. Gabapentin is not recommended for topical use. Lidocaine is not recommended in the form of a cream, lotion, or gel. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Tramadol 20% Baclofen 5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The

guidelines do not support the use of muscle relaxants as a topical product. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Soma 350mg quantity 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. In this case, it is unclear how long the injured worker has utilized the above medication. Despite the ongoing use of Soma, the provider noted significant tightness, tenderness, trigger points, and spasm in the lumbar paravertebral, quadratus lumborum, gluteus medius/maximus, and piriformis muscles bilaterally. The guidelines do not support long term use of this medication. There is also no frequency listed in the request. Given the above, the request is not medically necessary.