

Case Number:	CM15-0061366		
Date Assigned:	04/07/2015	Date of Injury:	01/10/2012
Decision Date:	05/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 44-year-old male, who sustained an industrial injury, January 10, 2012. The injury was sustained while lift 6 bars weighing approximately 80 pounds. The injured worker previously received the following treatments lumbar spine MRI, Nabumetone 500mg, Tramadol, Voltaren Gel, ice and home exercise program. The injured worker was diagnosed with palindromic rheumatism, degeneration of thoracic or lumbar intervertebral disc, thoracic or lumbar neuritis or radiculitis, myalgia or myositis, degeneration of lumbar or lumbosacral intervertebral disc, osteoarthritis of spinal facet joint and lumbar radiculopathy. According to progress note of March 23, 2015, the injured workers chief complaint was low back pain with some intermittent radicular symptoms in the right leg. The injured worker rated the pain without Tramadol and analgesic creams as 6-10 out of 10 and with 3-6 out of 10; 0 being no pain and 10 being the worse pain. The medications keep the pain at a manageable level to perform activities of daily living. The physical exam noted lower back pain. There was 10% restriction in range of motion in all planes of the cervical spine. There was mild tenderness to palpation over the lumbosacral spine. There was mild right leg straight leg rises. The range of motion to the lumbar spine was essentially normal. There was pain at the L4-S1 levels of the lumbar spine. The injured worker was feeling shooting sensation in the L4-S1 dermatome down the right lateral side of the leg to the ankle. The injured worker had received great benefit for topical analgesics with increased activity, better sleep and can work a full work week. The treatment plan included for prescriptions for compound pain cream (Prilocaine 2% Ketamine 10% Flexeril 1% Gabapentin 6% Lidocaine 2% in LAM).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound pain cream (Prilocaine 2% Ketamine 10% Flexeril 1% Gabapentin 6% Lidocaine 2% in LAM): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Therefore, the request is not medically necessary.