

Case Number:	CM15-0078593		
Date Assigned:	04/29/2015	Date of Injury:	02/14/2013
Decision Date:	06/15/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/24/2015

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 67-year-old male patient who sustained an industrial injury on 02/14/2013. A primary treating office visit dated 02/20/2015 reported present complaints of low back and left ankle pain. Of note, he states he is not getting any physiotherapy and has not completed all of the acupuncture sessions. He reports the medications do help to relax him. Objective findings showed decreased range of motion of the lumbar spine, a positive sitting root, straight leg raise at 70 degrees in a sitting position. The left ankle/foot has a well healed surgical incision over the lateral aspect of the ankle; along with tenderness over medial and later malleolus. The following diagnoses are applied: lumbar spine strain/sprain with radiculitis; status post ORIF of the left ankle; history of bimalleolar fracture; peripheral neuropathy; lumbar spine degenerative changes; multi-level disc protrusions at L1-L2 through L5-S1. The plan of care involved: recommending orthopedic referral, pain management referral and refilling transdermal compounds. A recent primary treating office visit dated 01/09/2015 reported present complaint of being with the same complaints as last visit; without change. The patient reports doing daily exercises. He is not currently working; retired. He is requesting medication refills. There is no change to the treating diagnoses. A urine sample was collected, along with a medication contract noted signed. Back on 11/06/2014, the patient was with subjective complaint of continued low back and left ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal compounds, Qty 1, unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with lower back and left ankle pain rated 4/10. The request is for Transdermal Compound, Qty 1, Unspecified. The request for authorization is dated 02/20/15. The patient is status-post ORIF of the left ankle, date unspecified. MRI of the lumbar spine, 10/06/14, shows multilevel disc protrusions at the L1-L2 through the L5-S1. EMG/NCV, 07/02/14, shows peripheral neuropathy. Physical examination of the lumbar spine reveals decreased range of motion. Positive straight leg raise. Exam of lower extremity reveals a well-healed surgical incision over the lateral aspect of the ankle. Tenderness over the medial and lateral malleolus and decreased range of motion. He is not getting any physiotherapy. He has not completed all of his sessions of acupuncture. He states the medicines that he is taking do help relax him. He states that he has had no side effects to medications. Per progress report dated 02/20/15, the patient is on modified duty. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. Per RFA dated 02/20/15, the requested Transdermal Compounds are Gabapentin 15% Amitriptyline 4% Dextromethorphan 10% and Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10%. However, review of reports shows there is no documentation that patient presents with osteoarthritis, for which NSAID portion of the lotion would be indicated according to MTUS guidelines. Additionally, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine and/or Gabapentin, which are not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.