

<b>Case Number:</b>	CM15-0090750		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 5/9/07. The injured worker has complaints of mid/upper back and lower back pain. The documentation noted that there is grade 2 tenderness to palpation over the paraspinal muscles, which has remained the same since his last visit and 1+ palpable spasm, which has decreased from 2 on the last visit. The diagnoses have included thoracic musculoligamentous strain/sprain; lumbosacral musculoligamentous strain/sprain with radiculitis and lumbosacral spine discogenic disease, exacerbation with radiculitis and myofascial pain. Treatment to date has included physical therapy; tramadol; amitriptyline 10%/gabapentin 10%/bupivacaine 5% in cream base 180gm and flurbiprofen 20%/baclofen 5%/camphor 2%/dexamethasone 2%/menthol 2%/capsaicin 0.25% in cream base 180gm; magnetic resonance imaging (MRI) of the lumbar spine is positive at L3-L4, L4-5 and L5-S1 (sacroiliac). The request was for tramadol 50mg #60; amitriptyline 10%/gabapentin 10%/bupivacaine 5% in cream base 180gm and flurbiprofen 20%/baclofen 5%/camphor 2%/dexamethasone 2%/menthol 2%/capsaicin 0.25% in cream base 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is a 40-year-old male with an injury on 05/09/2007. He has chronic back pain. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria and the request is not medically necessary.

**Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base 180gm:** Upheld

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

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

**Decision rationale:** The patient is a 40 year old male with an injury on 05/09/2007. He has chronic back pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Gabapentin, which is not recommended; thus the requested compound topical analgesic medication in not medically necessary.

**Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Dexamethasone 2%/Menthol 2%/Capsaicin 0.25% in cream base 180gm:** Upheld

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

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

**Decision rationale:** The patient is a 40 year old male with an injury on 05/09/2007. He has chronic back pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol, which is not recommended; thus the requested compound topical analgesic medication in not medically necessary.