

Case Number:	CM15-0095299		
Date Assigned:	05/21/2015	Date of Injury:	10/08/2012
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 is a 53-year-old female, who sustained an industrial injury on 10/08/2012. Diagnoses include status post lumbar decompression, rule out lumbar radiculopathy and rule out lumbar intradisc component. Treatment to date has included diagnostics including electro diagnostic testing, medications, surgical intervention (lumbar decompression 10/28/2013), injections, acupuncture, physical therapy, TENS unit, activity modification, aqua therapy and heat application. Per the Comprehensive Orthopedic Evaluation dated 3/24/2015 the injured worker reported 8/10 worsening low back pain with lower extremity symptoms. Physical examination revealed a slow, deliberate, non-antalgic gait. She has difficulty arising from a seated position. There was tenderness to the lumbar spine and paraspinal musculature with spasm of the lumboparaspinals with decreased lumbar range of motion. The plan of care included medications and authorization was requested for Flurbiprofen, Gabapentin and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% 150gram cream dispensed on 03/16/15: 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 9792.20 - 9792.26 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20% 150-gram cream dispensed on 03/16/15 is not medically necessary.

Gabapentin 10% 150gram cream dispensed on 03/16/15: 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 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 10% 150-gram cream dispensed on 03/16/15 is not medically necessary.

Cyclobenzaprine 10% 150gram cream dispensed on 03/16/15: 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 9792.20 - 9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine 10% 150-gram cream dispensed on 03/16/15 is not medically necessary.