MAXIMUS Federal Services

| Case Number: | CM15-0098370 | | |
|---|---|---|---|
| Date Assigned: | 05/29/2015 | Date of Injury: | 07/16/2014 |
| Decision Date: | 06/29/2015 | UR Denial Date: | 05/12/2015 |
| Priority: | Standard | Application Received: | 05/21/2015 |

## 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: Connecticut, California, Virginia
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 29-year-old male who sustained a work related injury July 16, 2014. While breaking cement with a sledgehammer, he felt a pop in his back. He developed excruciating low back pain, radiating into the left leg along the posterior thigh and posterior calf, down to the ankle. He was diagnosed with a lumbar strain and was treated with medication, physical therapy, and modified work. According to a neurosurgical physician's report, dated February 27, 2015, the injured worker returned and reported constant pain in his left hip, rated 8/10. The pain is so severe at times, he feels unable to get up. There is associated numbness in the left thigh, weakness and a feeling of giving way. Electrodiagnostic studies performed 12/22/2014 (present in the medical record), are consistent with left lumbar radiculopathy affecting the S1 nerve root. Diagnoses are L5-S1 disc herniation and S1 radiculopathy. Treatment plan included continuation of medication and schedule for a lumbar epidural steroid injection. According to a physical medicine and rehabilitation physician's report, dated March 24, 2015, the injured worker received his lumbar epidural injection on the left L4-L5, March 20, 2015. He had some pain after the epidural, numbness and tingling going down the right leg has subsided. Her reports the pain is 50-60% better. He has noticed new pain around his left and right knees and describes low back pain as band-like. Diagnoses are s/p L4-L5 transforaminal epidural injection; lower back pain; disc herniation, lumbar. At issue, is the request for authorization of compound medications (cyclobenzaprine/gabapentin/Flurbiprofen).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medications (cyclobenzaprine/gabapentin/flurbiprofen):** 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 MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers are not recommended as topical products, and as cyclobenzaprine is a muscle relaxant not recommended by the MTUS, the request cannot be considered medically necessary at this time.