

Case Number:	CM13-0027215		
Date Assigned:	01/15/2014	Date of Injury:	06/25/1998
Decision Date:	05/29/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/20/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

██████████ is a 55-year-old woman who sustained a work-related injury on June 25, 1998. Subsequently she developed but chronic back and neck pain. According to a note dated on October 9, 2012, the patient physical examination demonstrated bilateral lower extremity weakness, reduced gait range of motion and then reduced lumbar range of motion. The provider requested authorization to use the topical analgesic mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR POS-CMPD-CYCLOBENZ/GABAPENTI/CAPSAICIN/ETHOXYLI/PLO T DAY SUPPLY 30, QUANTITY 120:: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other

pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Some of the component of the prescribed medication is approved for neuropathic pain and osteoarthritis. According to the patient file, there is no clear documentation that the patient developed osteoarthritis or have neuropathic pain. There is no clear documentation that the patient failed oral form of the prescribed medications. The proposed topical analgesic contains Capsaicin which is not approved by MTUS for back pain. Based on the above POS-CMPD-Cyclobenz/Gabapenti/Capsaicin/Ethoxy Li/Plo T day supply 30, quantity 120 is not medically necessary.