

Case Number:	CM13-0029388		
Date Assigned:	11/01/2013	Date of Injury:	02/12/2013
Decision Date:	01/30/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 physician 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.

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 patient is a 37-year-old male who reported a work-related injury on 02/12/2013, as a result of strain to the left lower extremity. Subsequently, the patient is treated for the following diagnosis, status post L4-5 discectomy performed in 04/2013. The clinical note dated 08/27/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with continued low back pain complaints. The patient had recently begun physical therapy interventions. The patient continues to describe low back pain, left lower extremity and persistent paresthesias in the left lower extremity and pain to the low back. Upon physical exam of the patient, motor strength was noted to be 4/5 to the left, 5/5 to the right lower extremity. The provider documents gait is antalgic as the patient favors the left lower extremity. The patient rated his pain at 5/10. The provider recommended the patient utilize Voltaren 75 mg tabs 1 by mouth twice a day for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo 10%/Gabapentin 10% gel 30 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, muscle relaxant.

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

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient continues to present with lumbar spine pain complaints status post a work-related injury sustained in 08/2013. The most recent clinical note documented the patient was to utilize Voltaren by mouth for his pain complaints. The current request for cyclobenzaprine/gabapentin topically is not supported. As California MTUS indicates, "Topical gabapentin is not recommended as there is no peer reviewed literature to support its use, other muscle relaxants there is any evidence for use of any other muscle relaxant as a topical product." Given all of the above, the request for Cyclo 10%/Gabapentin 10% gel 30 gm. is not medically necessary or appropriate.