

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0038802 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 05/07/2012 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

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 Pain Management, has a subspecialty in Disability Evaluation 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. 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:

The patient is a 54-year-old female who worked as a home loan manager. The patient reported that on 5/7/2012 she was stopped at stop light when another vehicle struck hers from behind, pushing her car into the car ahead. She reports that her head first went forward then quickly backward, causing it to strike the headrest. The airbags did not deploy. The patient experienced immediate pain in the back of her neck and was shocked and stunned without loss of consciousness. The patient sought immediate medical attention at the local Emergency Department where cranial CT scan was deferred and she was dismissed with a soft cervical collar and narcotic analgesics. The patient reports that after wards she experienced neck pain and headache, numbness in her hands and shooting pain up both arms when she uses them forcefully. The patient was treated with 10 physical therapy sessions for her headaches and neck pains however she felt that these aggravated her symptoms and were discontinued. The patient currently complains of short term memory troubles and distraction, she also states that she has become more emotional and irritable. The patient otherwise denies trouble with thinking or cognitive performance. She denies focal weakness except as related to vigorous use of her hands and associated pain. She reports these symptoms have not limited functional activities except for lifting most things and using her hands aggressively. She reports that recent massage therapy and heat have helped with her neck pain. According to the most recent documentation, a progress report dated 9/18/13 by [REDACTED], the patient had upper back, neck, bilateral shoulder pain and headaches. The patient could not tolerate Celebrex and Robaxin, and hydrocodone had caused a rash. Lyrica had been helpful in reducing symptoms. [REDACTED] recommended Cymbalta for depression and pain. Neck pain was rated as a 7/10, and the bilateral shoulder pain was rated as a 5/10 Objective analysis indicated

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 30gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110.

Decision rationale: The guideline does not support the use of Cyclobenzaprine and Gabapentin as topical agents. The guideline further stated that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Therefore the request for 1 prescription of Cyclobenzaprine 10%/Gabapentin 10% Gel 30gms is not medically necessary.