

Case Number:	CM13-0049079		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2011
Decision Date:	03/12/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/07/2013

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 and Rehabilitation, and is licensed to practice in New York and Texas. 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 who reported an injury on 06/04/2011. The patient is currently diagnosed with lumbar spine myoligamentous injury with left lower extremity radiculopathy and medication induced gastritis. The most recent physician progress report is submitted on 11/20/2013 by [REDACTED]. The patient reported ongoing lower back pain with radiation to the left lower extremity. Physical examination revealed tenderness to palpation of the lumbar paravertebral musculature and sciatic notch region, trigger points with tenderness to palpation throughout, decreased range of motion, and diminished strength on the left. Treatment recommendations included continuation of current medications and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

**compound cream Flurbiprofen/Cyclobenzaprine, Tramadol/Gabapentin/
Menthol/Camphor/Capsaicin, provided on July 26, 2013: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Furthermore, the Chronic Pain Medical Treatment Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use. The request for compound cream Flurbiprofen/Cyclobenzaprine, Tramadol/Gabapentin/Menthol/Camphor/Capsaicin, provided on July 26, 2013, is not medically necessary or appropriate.