

Case Number:	CM13-0054166		
Date Assigned:	06/09/2014	Date of Injury:	11/01/2008
Decision Date:	07/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

There is a 10/2/23 orthopedic evaluation as a secondary physician that states that the patient is presenting with complaint of cervical spine pain radiating into the upper extremities as well as back pain radiating into the right lower extremity with pain, paresthesia, and numbness. Physical examination shows spasm, tenderness, and guarding in the paravertebral muscles of the cervical and lumbar areas with guarding in both. There is a decrease in sensation noted bilaterally in the CS and the right L5 dermatome today with pain. There is an 8/12/13 secondary treating physician note that states that the patient complaints of frequent neck pain, 5/10; constant low back pain, 5/10, right worse than left, occasional numbness left foot. Objective findings include a cervical range of motion: flexion 50; extension 50; rt. rotation 70; left . rotation 70; rt. lateral flexion 35; left. lateral flexion 35. Lumbar range of motion: flexion 35; extension 10; rt. lateral flexion 10; left lateral flexion 10. SLR positive on left. Tender lumbar spine with spasms. The treatment plan includes Ambien, Tramadol, Omeprazole, compound meds.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM: GABAPENTI/CYCLOBENZ/TRAMADOL/PCCA LIPO, DAY SUPPLY 22, QTY: 180, REFILLS 0: 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): 111-113.

Decision rationale: The request for compound cream gabapenti/cyclobenz/tramadol/PCCA Lipo, day supply 22, quantity 180, refills 0 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The requested cream contains gabapentin, cyclobenzaprine and tramadol. The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not reveal any intolerance to oral medications. The MTUS does not recommend topical gabapentin or cyclobenzaprine therefore the request for compound cream gabapenti/cyclobenz/tramadol/PCCA Lipo, day supply 22, quantity 180, refills 0 is not medically necessary.