MAXIMUS Federal Services

Case Number:	CM13-0063421		
Date Assigned:	05/07/2014	Date of Injury:	01/31/2001
Decision Date:	06/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational 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:

The patient is an employee of [redacted] who has submitted a claim for low back pain from an associated industrial injury on January 31, 2001. Treatment to date has included Prozac, Xanax, Cymbalta, Norco, Soma, Gabapentin, Trental, Tramadol Cream, Cyclogaba Cream, Sacroiliac intra articular injection, Epidural Spinal injections for 2 episodes, Intra-articular facetal blocks and Facial nerve blocks. Medical records from 2013 were reviewed showing that the patient complained of low back pain with a scale of 7/10. The pain was noted to be stronger on the right than the left. On physical examination, there was pain on lumbar extension than flexion with pain greater on the right than the left. Straight leg was positive on the right. Antalgic gait was also noted. Utilization review from December 5, 2013 denied the request for Cyclogaba Cream 10%/10% cream because there is no evidence for use of any muscle relaxant as topical product nor the use of any antiepilepsy durg as a topical product.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOGABA CREAM 10%/10% CREAM QTY:1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclo-Gaba is a compounded medication containing Cyclobenzaprine and Gabapentin. Regarding Cyclobenzaprine, it is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Regarding Gabapentin, it is likewise not recommended for use as a topical analgesic. In this case, patient has been on Cyclogaba since October 28, 2013 (2 months to date) with no reported functional improvement. There is no evidence that the patient is intolerant to oral medications necessitating its use. There is no discussion concerning the need for variance from the MTUS guidelines. Therefore, the request for Cyclogaba Cream 10%/10% Cream quantity1 is not medically necessary and appropriate.