

Case Number:	CM13-0067773		
Date Assigned:	01/03/2014	Date of Injury:	10/02/2011
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 38-year-old female who reported an injury on 10/02/2011 due to a slip and fall. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. It was documented that the injured worker had ongoing headache complaints, cervical spine pain, lumbar spine pain, and bilateral knee pain. Physical findings included restricted range of motion of the cervical spine with tenderness to palpation along the lumbar vertebral musculature and restricted range of motion of the lumbar spine. It was noted that the injured worker had a positive straight leg raising test bilaterally and restricted range of motion of the knees bilaterally. The injured worker's diagnoses included cervical sprain/strain, lumbar disc protrusion, lumbar radiculopathy, and idiopathic peripheral autonomic neuropathy. The injured worker's treatment plan included acupuncture, chiropractic care, physical therapy, MRI of the lumbar spine, and topical analgesics to include Terocin lotion, flurbi cream, and gabacyclotram. Oral medications to include Genicin and Somnicin were also requested. The injured worker was evaluated on 11/12/2013. It was documented that injured worker had 6/10 constant low back pain, 8/10 bilateral knee pain, it was documented that injured worker's pain levels without medication were 10/10 and reduced to a 7/10 with topical analgesics that allow the injured worker to sleep longer and sit longer. The injured worker's treatment plan continued to include topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABACYCLOTRAM 180GMS (GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10%), USE 2-3 TIMES A DAY: Upheld

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

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

Decision rationale: The requested gabacyclotram 180 gms (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%) used 2 to 3 times a day is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations. California Medical Treatment Utilization Schedule does not support the use of gabapentin or cyclobenzaprine as a topical analgesic as there is little scientific evidence to support the efficacy and safety of these medications as topical agents. Additionally, peer-reviewed literature does not support the use of opioids as topical analgesics as there is little to no scientific evidence to support the efficacy and safety of these medications in a topical formulation. Additionally, the request as it is submitted does not include an affected body part. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested gabacyclotram 180 gms (gabapentin 10%, cyclobenzaprine 6%, tramadol 10%) used 2 to 3 times a day is not medically necessary or appropriate.