

Case Number:	CM14-0000140		
Date Assigned:	01/10/2014	Date of Injury:	04/11/2007
Decision Date:	06/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Management 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 a 43-year-old male who has submitted a claim for lumbar mechanical pain, possibly both facet and discal in nature, and chronic pain syndrome associated with an industrial injury date of April 11, 2007. Medical records from 2013 were reviewed. Patient complained of persistent low back pain, rated 8/10 in severity, described as dull and achy with soreness. It radiated to right lower extremity associated with tingling and numbness. Pain was aggravated with standing and prolonged driving; and alleviated in supine position. Physical examination revealed right lumbar muscle spasm. Straight leg raise aggravated back pain on the right side without radiation to the right lower extremity. Sensation was diminished at the right L5 dermatome. Treatment to date has included right knee surgery on 7/9/13; and medications such as carisoprodol, Colace, Norco, methadone, Prilosec, and trazodone. There is no previous utilization review available concerning the request for CycloGaba cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

START CYCLOGABA CREAM 10% STANDARD 1/2 TEASPOON TO SENSITIVE AREA UP TO 3 TIMES DAILY AS NEEDED FOR SPASM AND HYPERSENSITIVITY 1 JAR, NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, §§9792.20 - 9792.26, Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of 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. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended for use as a topical analgesic. In this case, patient is being prescribed carisoprodol and trazodone. There was no objective evidence of intolerance to oral pain medications that would warrant the use of a topical agent. The noted compound medication is likewise not recommended and there is no discussion concerning the need for variance from the guidelines. Therefore, the request for Start Cyclogaba Cream 10% Standard 1/2 Teaspoon to Sensitive Area Up To 3 Times Daily as Needed for Spasm and Hypersensitivity 1 Jar, No Refills is not medically necessary.