

Case Number:	CM14-0007078		
Date Assigned:	04/07/2014	Date of Injury:	10/16/2011
Decision Date:	05/27/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/18/2014

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 Family Practice, and is licensed to practice in 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 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 45-year-old female who reported an injury on 10/16/2011, mechanism of injury not stated. She is reported to complain of low back pain with radiculopathy. She also is noted to have been treated for a right elbow contusion and a right metatarsal fracture. Electrodiagnostic studies of the bilateral lower extremities reported no abnormal findings. An MRI reports disc bulges with no evidence of canal stenosis or neural foraminal narrowing at L3-L4, and at L4-5, a disc bulge that resulted in moderate bilateral foraminal narrowing with bilateral exiting nerve root compromise. She is reported to complain of ongoing increased burning pain in the low back, which she rated 8/10 to 10/10. She is noted to have painful range of motion with decreased strength and decreased sensation of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR TRAM/GABA/MENT/CAMP/CAP CREAM:

Upheld

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

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

Decision rationale: The California MTUS Guidelines state that there is little or no research to support the use of many agents, and any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. They do not recommend the use of Gabapentin topically as there is no peer reviewed literature to support the use, and capsaicin is only recommended as an option for patients who have not responded or are intolerant to other treatments. As the injured worker is not noted to have undergone trials of antidepressants and anticonvulsants that have failed, and the use of Gabapentin is not recommended for topical use as it is not supported by peer reviewed literature, the requested compounded medication containing tramadol, Gabapentin, menthol, camphor, and capsaicin does not meet guideline recommendations. The retrospective request for Tram/Gaba/Ment/Camp/Cap Cream is not medically necessary and appropriate.