

Case Number:	CM14-0008703		
Date Assigned:	07/11/2014	Date of Injury:	08/07/2012
Decision Date:	08/21/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/21/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 31-year-old woman who sustained a work related injury on August 7, 2012. Subsequently, she developed knee, shoulder, back, and neck pain. The patient was diagnosed with cervical disc protrusion, right shoulder bicipital tenosynovitis, right carpal syndrome, right wrist internal derangement, bilateral knee internal derangement, bilateral knee sprain/strain, insomnia, and depression. Her MRI of the cervical spine on October 10, 2012 showed C3-4 and C5-6 disc protrusion and mild degenerative changes at C3-4 and C5-6. MRI of the right shoulder dated October 10, 2012 indicated AC (Acromioclavicular) joint arthropathy and biceps tenosynovitis. MRI of the right knee dated March 1, 2013 showed grade II degeneration of the posterior horn of the medial meniscus and lateral collateral ligament sprain. An Orthopedic consultation report dated October 25, 2013 recommended a steroid injection for the right shoulder, bilateral knee steroid injections, and a course of ESWT (Extracorporeal Shock Wave Treatment) for the right shoulder. Medications previously prescribed include Omeprazole, Ibuprofen, Gabapentin/L-Carnitine, Norco, Medrox Patch, and compounded medications including Terocin topical and Flurbi. The patient has also been provided with activity modification, physical therapy, chiropractic, and medication management. According to a report dated on November 21, 2013, the patient continued to have significant constant neck pain with severity rated 6/10, right shoulder pain rated 7/10, occasional right wrist pain rated 3/10, and frequent knee pain rated. Her physical examination revealed: cervical and lumbar tenderness with reduced range of motion and spasm, and right upper extremity decreased sensation in the territory of C6-8 dermatoma. The provider requested authorization for the Compounded Medication Gabaclotram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Medication Gabaclotram 19-gm (Gabapentin 10% / Cyclobenzaprine 6% / Tramadol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Therefore, the request for compounded Medication Gabaclotram 19-gm (Gabapentin 10% / Cyclobenzaprine 6% / Tramadol 10%) is not medically necessary and appropriate.