

Case Number:	CM14-0010724		
Date Assigned:	02/21/2014	Date of Injury:	01/28/2005
Decision Date:	06/09/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 Internal 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 a 51 year old female with date of injury 01/28/2005 with a low back due to falling from slipping on a wet floor. She has multiple diagnoses including bilateral shoulder pain, bilateral leg pain, and lumbar spine pain as all industrial related. She also carries comorbid diagnoses of hypertension, morbid obesity s/p gastric bypass (2000), and depression. The patient has used multiple medications in the past for pain control including oral long and short acting opioids, topical opiates, muscle relaxants, pain patches, anti-epileptic drugs, and has had a spinal cord stimulator. The current request is for an analgesic balm containing Gabapentin, Cyclobenzaprine, and Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND: ANALGESIC BALM (GABAPENTIN, CYCLOBENZAPRINE AND LIDODERM): 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): 111-113.

Decision rationale: MTUS guidelines state that one medication must be trialed at a time and documentation of outcome, in terms of function and pain, must be made. The balm in question contains Gabapentin, cyclobenzaprine, and Lidocaine. MTUS recommends Lidocaine topical formulation (Lidoderm patch only) for neuropathic pain if first-line treatments (tricyclic, Serotonin-norepinephrine reuptake inhibitors (SNRI), antidepressants, or antiepileptic drugs) have failed. No other formulation is allowed. Topical Gabapentin is not recommended and no clinical studies or peer reviewed literature support the use of this as a topical agent. There is no documentation as to trials of any of the components of this balm as single agents, nor is there documentation as to failure and/or outcome in terms of pain scores and functionality, to other standard medications trialed. Furthermore, Gabapentin is not to be used topically based on lack of any clinical data. As such, the MTUS guidelines are not met and the balm is not medically necessary.