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| Case Number: | CM14-0012057 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 06/10/2005 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 Physical Medicine and Rehabilitation 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 injured worker is a 46-year-old male who reported an injury on 06/10/2005, the mechanism of injury was not provided. The clinical note dated 09/10/2013 noted the injured worker with painful lumbar spine range of motion, referred back pain with straight leg raise and incision site setup healed well with no sign of infections. The diagnoses were a multilevel lumbar spondylosis, chronic pain syndrome and morbid obesity. Prior treatment included psychiatric treatment for ongoing depression and anxiety and Nucynta for breakthrough pain control. The treatment plan included continued use of spinal cord stimulation, medication management and continued home walking and exercise program. The provider recommended POS CMPD-propylene/dimethyl.lipo crea/tramadol/gabapentin 30 day supply qty: 180 with 3 refills. The provider's rationale was not included. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS CMPD-PROPYLENE/DIMETHYL.LIPO CREA/TRAMADOL/GABAPEN 30 DAY SUPPLY QTY: 180 WITH 3 REFILLS: 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: The California MTUS Guidelines state that transdermal compounds are largely experimental and used with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anti convulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The Guidelines note muscle relaxants are not recommended for topical application. The Guidelines note gabapentin is not recommended for topical application. As the Guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. The provider's request did not indicate the dose or the site at which the compound cream was intended for. As such, the request is not medically necessary.