

Case Number:	CM14-0014865		
Date Assigned:	02/28/2014	Date of Injury:	03/02/1998
Decision Date:	07/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational 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:

This is a 57-year-old female patient with a 3/2/1998 date of injury. The mechanism of injury was not provided. A 1/15/14 progress report indicated that the patient still had significant pain, 6-9/10, in her back with activity. She described the pain as throbbing, shooting, sharp, burning, and at times unbearable. The patient got 30% pain relief with tramadol and meloxicam. Objective findings demonstrated that the pain level on VAS was 7/10; tenderness on lumbar paraspinal muscles. There was a note that indicated that the patient stopped Tizanidine (muscle relaxant). He was diagnosed with postlaminectomy syndrome, chronic back pain, polyarthropathy, degenerative disc disease, and trochanteric bursitis. Treatment to date: medication management and acupuncture. There is documentation of a previous 2/4/14 adverse determination. The rationale for the denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUND MEDICATION CONTAINING GABAPENTIN AND CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 111-113.

Decision rationale: CA MTUS states that topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor in topical compound formulations. However, the guidelines do not support topical Gabapentin use, and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no specific rationale provided as to why the patient needs this topical medication despite the lack of guideline support. Therefore, the request for topical compound medication containing Gabapentin and Cyclobenzaprine is not medically necessary.