MAXIMUS Federal Services

Case Number:	CM14-0125338		
Date Assigned:	08/11/2014	Date of Injury:	09/22/2004
Decision Date:	09/15/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation, has a subspecialty in Pain 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 injured worker's original date of injury was September 22, 2004. The industrially related diagnoses include chronic low back pain, lumbar discogenic disease, knee arthritis, carpal tunnel syndrome, lumbar radiculopathy, and sciatica. The disputed issues are 2 requests for topical compounded creams. A utilization review determination on August 1, 2014 had noncertified these requests, citing that topical gabapentin is specifically not recommended. There is also little evidence to utilize topical NSAIDs for treatment of spine-based pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% 180gm: Upheld

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

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

Decision rationale: On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded

formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, topical gabapentin is recommended as not medically necessary.

Capsaicin 0.075%-Tramadol 6.5%-Flurbiprofen 5%-Menthol 2%-Camphor 2% 180gm: Upheld

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

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

Decision rationale: Neither the California Medical Treatment and Utilization Schedule, ACOEM, or Official Disability Guidelines advocate for tramadol in topical form. There are no evidence based studies to support topical tramadol. The MTUS specifies that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, this compounded is not medically necessary.