

Case Number:	CM14-0132503		
Date Assigned:	09/19/2014	Date of Injury:	01/23/2006
Decision Date:	10/17/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 63 year old male with a work injury dated 1/23/07. The diagnoses include cervical radiculopathy, lumbar radiculopathy, right shoulder pain, and chronic pain. Under consideration is a request for Gabapentin 10%, Cyclobenzaprine 1, Lidocaine % 180mg Apply Topically to affected area(s) two to three times daily. There is a 2/4/14 progress note that states the injured worker has low back pain which radiates to the lower extremities. Examination reveals spasm in the paraspinous musculature and tenderness in the spinalvertebral area L3-S1 levels. The range of motion in the lumbar spine is decreased. There is decreased strength in the lower extremities with positive straight leg raising test and absent deep tendon reflexes of the Achilles and patellar region. Per documentation an 8/17/14 handwritten progress note states that the injured worker has ongoing symptoms of cervical stenosis and a cervical radiculitis and lumbar radiculopathy for which continued home exercise and medications were recommended. Cervical and lumbar ranges of motion were decreased due to pain. There was pain with palpation of the cervical and lumbar spines. The straight leg raise is positive. There is a request for transdermal creams.

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 % 180mg Apply topically to affected area(s) two to three times daily: 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: Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% 180mg Apply Topically to affected area(s) two to three times daily is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical capsaicin is "recommended only as an option in patients who have not responded or are intolerant to other treatments." The MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The guidelines states that any "compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS does not recommend topical gabapentin or cyclobenzaprine or the ointment form of Lidocaine. The documentation does not reveal any intolerance to oral medications. The request for Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% 180mg apply topically to affected area(s) two to three times daily is not medically necessary.