

Case Number:	CM14-0136073		
Date Assigned:	09/03/2014	Date of Injury:	06/03/2013
Decision Date:	10/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/23/2014

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 53-year-old male who reported an injury on 06/03/2013. The mechanism of injury involved a fall. The current diagnoses include moderate bilateral foraminal stenosis at L4-S1, moderate canal stenosis at L2-3, and lumbar sprain/strain. Previous conservative treatment is noted to include physical therapy, medications, and epidural steroid injections. The injured worker was evaluated on 05/27/2014 with complaints of 7/10 low back pain with left lower extremity symptoms. The current medication regimen includes hydrocodone, tramadol ER, naproxen, and a compounded cream. Physical examination revealed tenderness in the lumbar spine, 40 degree flexion, 10 degree extension, 20 degree left and right lateral tilt, paraspinal muscle spasm, decreased sensation in the left L4 and L5 dermatomal distributions, a mildly antalgic gait, and diminished motor strength in the left lower extremity. Treatment recommendations at that time included a prescription for a topical cream. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication gaba/amit/dext, flur/tram creams (duration unknown and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical creams Page(s): 112.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended, as there is no peer reviewed literature to support the use of an antiepilepsy drug as a topical product. There is also no strength, frequency, or quantity listed in the current request. As such, the request is not medically appropriate.