

Case Number:	CM14-0155425		
Date Assigned:	09/25/2014	Date of Injury:	07/07/2013
Decision Date:	12/31/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/23/2014

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 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:

Injured worker (IW) is a 56 year old male who sustained an industrial injury on 07/07/13. Diagnoses are listed as cervical spine sprain/strain, bilateral shoulder impingement syndrome, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, and lumbar spine sprain/strain. 03/27/14 claimant requested a change of medications due to gastrointestinal upset. 06/14/14 exam note documented current medications as tramadol and vitamins. 08/14/14 office note documented ongoing complaints relating to the spine. Medications were refilled and transdermals were prescribed.

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% 180 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend use of topical gabapentin or topical muscle relaxants such as cyclobenzaprine. MTUS does not

recommend use of topical lidocaine unless there has been a previous trial of a first-line agent for neuropathic pain, such as an oral antidepressant or antiepilepsy drug. A previous trial of a first-line agent is not documented. Lidoderm patch is the only form of topical lidocaine recommended by MTUS for treatment of chronic pain. Because the requested compounded topical medication contains multiple ingredients not recommended by MTUS, it is not recommended by MTUS. Medical necessity is not established for the requested compounded topical medication.

Cyclobenzaprine 1%-Tramadol 6.5%-Flurbiprofen 5% 180grams: 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 of 127.

Decision rationale: MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend use of topical muscle relaxants such as cyclobenzaprine. Because the requested compounded topical medication contains an ingredient not recommended by MTUS, it is not recommended by MTUS. Medical necessity is not established for the requested compounded topical medication.