

Case Number:	CM14-0157685		
Date Assigned:	09/30/2014	Date of Injury:	12/12/2001
Decision Date:	10/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 52-year-old presenting with chronic pain following a work related injury on December 12, 2001. The claimant was diagnosed with lumbar post laminectomy syndrome. The claimant reports 7/10 pain. The pain is localized to the low back with radiation to the left lower extremity. The physical exam showed tenderness over the left foot, restricted range of motion in the lumbar spine with extension documented to be 0 degrees and flexion to be 49 degrees. Lumbar CT scan/myelogram showed fusion at L5-S1 level with degenerative facet arthrosis at the L4-5 level. A claim was made for a compounded cream containing Cyclobenzaprine and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%/Gabapentin 10% topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug

class that is not recommended, is not recommended. Additionally, the Chronic Pain Medical Treatment Guidelines states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the request for Cyclobenzaprine 10%/Gabapentin 10% topical cream is not medically necessary or appropriate.