

Case Number:	CM14-0174676		
Date Assigned:	10/27/2014	Date of Injury:	10/02/2012
Decision Date:	12/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family Practice 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 53 year old female injured worker had an industrial accident on 10/02/2012. The details of the accident were that she tripped over a trash can with both feet and landed in such to have injuries to the face, neck, chest, knees, left wrist and lumbar spine. The current diagnoses included cervical and lumbar radiculitis, cervical fusion, lumbar surgery, and brachial radiculitis. The diagnostics were x-rays, magnetic resonance imaging, EMG, and orthopedic consults. The treatments included medications, chiropractic, acupuncture, physical therapy, trigger injections, epidural steroid injections, brace to left wrist and surgery. The current medication profile was not included in the medical record except for periodic Toradol injections in the office and the topical analgesic Gabapentin- Cyclobenzaprine-Flurbuprofen noted on the office note of 9/19/2014. The UR decision non-certified the request because 2 of the ingredients of the compound have no documented efficacy for pain and therefore the whole compound is not effective. Also the guidelines recommend using antidepressants and anticonvulsants trial before initiating topical analgesics. The medical record did not include a failed trial of either of these classes of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded analgesic (Gabapentin, Cyclobenzaprine, and Flurbiprofen): 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): 82-92.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Muscle relaxants are not approved for topical use due to lack of clinical evidence. The compound above contains a topical muscle relaxant (Cyclobenzaprine) and therefore, the requested Topical Compounded Analgesic (Gabapentin, Cyclobenzaprine, and Flurbiprofen) is not medically necessary.