

Case Number:	CM14-0024459		
Date Assigned:	06/11/2014	Date of Injury:	01/24/2013
Decision Date:	07/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/26/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 Physician 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:

This is a male patient with a date of injury of January 24, 2013. A utilization review determination dated February 12, 2014 recommends non-certification of topical compound of gabapentin, cyclobenzaprine, and tramadol quantity of 180 gm. A progress note dated January 29, 2014 identifies subjective complaints of dull and aching neck pain with associated headaches, a pain level of 5/10 without medication and 3/10 with medications, aggravated pain with neck movements, pain relief with rest and medications, neck pain associated with radiating pain and numbness into the left arm, mid back dull and aching pain, and loss of sleep due to pain. Physical examination of the cervical spine identifies nuchal tenderness with palpation bilaterally, tenderness and spasm of the bilateral paracervical muscles and bilateral trapezius muscles, positive Spurling and cervical distraction tests, and decreased cervical range of motion in all planes due to neck pain. Physical examination of the thoracic spine identifies parathoracic myospasm present bilaterally from T-1 through T6, and decreased thoracic range of motion due to pain. Diagnoses include cervical radiculopathy, cervical spine sprain/strain, thoracic spine sprain/strain, headaches, and insomnia. The treatment plan recommends acupuncture treatment 2 to 3 times per week for 4-6 weeks, chiropractic treatment and physical therapy 2-3 times per week for 4-6 weeks, results of x-rays and MRIs of the cervical and thoracic spine, results of NCV/EMG study of upper extremities, hydrocodone 10/325 for moderate pain quantity of 60, Anaprox 550 mg quantity of 64 pain and inflammation, cyclobenzaprine 10 mg for muscle spasm quantity of 60, pantoprazole 20mg quantity of 60 as prophylactic Gastro protectant used in conjunction with NSAIDs and other medications, Terocin patches quantity of 60, Terocin 240 mL, Genicin capsules quantity of 90, Somnicin capsules quantity of 30, Laxacin tablets quantity of 100, gabapentin 10%/cyclobenzaprine 6%/tramadol 10% 180 g, ketoprofen 15%/baclofen 2%/cyclobenzaprine 2%/gabapentin 10%/lidocaine 2%, tramadol 8%/gabapentin 10%/mental

5%/camphor 5%/fluriprofen 12%/cyclobenzaprine 2%/capsaicin 0.00375%, urine drug screen, follow-up and clinic in four weeks. An MRI of the cervical spine done August 2, 2013 identifies at the T1-T2 level dehiscence of the nucleus pulposus with a 3.5mm upward protrusion indenting on the anterior portion of the cervical subarachnoid space causing mild compromise of the cervical canal. An MRI of the thoracic spine done August 2, 2013 shows a normal thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS CMPD-GABAPENTI/CYCLOBENZ/TRAMADOL/PCCA LIPO DAY SUPPLY: 20 QTY: 180 REFILLS: 0: 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.

Decision rationale: Regarding request for a topical compound combination of gabapentin, cyclobenzaprine, and tramadol, the Chronic Pain Medical Treatment Guidelines indicate that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. The Chronic Pain Medical Treatment Guidelines indicate that topical gabapentin is not recommended. They go on to indicate that there is no peer-reviewed literature to support the use of gabapentin or any other antiepilepsy drugs. The California MTUS guidelines indicate that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. There is no mention of use of tramadol in topical form within the guidelines. Finally, there is no indication that the injured worker has been intolerant to or did not respond to other treatments prior to the initiation of topical compound combination of gabapentin, cyclobenzaprine, and tramadol. In light of these issues, the currently requested topical compound combination of gabapentin, cyclobenzaprine, and tramadol is not medically necessary.