MAXIMUS Federal Services

Case Number:	CM14-0030969		
Date Assigned:	06/20/2014	Date of Injury:	12/07/2010
Decision Date:	08/18/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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, Pain Medicine and is licensed to practice in Florida. 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 42-year-old female who reported an injury on 12/07/2010. While sweeping a patient's room, she moved a recliner and heard a pop in her lower back causing pain. The injured worker complained of pain in lumbosacral spine. She stated that it was constant in the midline and on the bilateral paraspinous, the left side being the greatest. The injured worker also complained of a constant moderate to severe radiating pain down the posterior aspect of the thigh to under her left heel then to her toes with numbness, tingling, and burning. She stated that her toes were extremely cold. Back pain was noted with bending, stooping, and activity. There was no measureable level of pain documented. Physical examination of the lumbosacral spine, dated 05/13/2004, revealed that there was discomfort with deep palpation about the midline. There was no gross deformity. Straight leg raising maneuver provoked an expression of discomfort in the low back and was positive to 70 degrees on the left and was negative to 90 on the right in both sitting and supine positions. The Lasegue and Fabere maneuvers were negative bilaterally. Motor strength to the lower extremities revealed 5/5 in all test lower extremity motor groups. Sensation was intact to pinprick and light touch. The injured worker's reflexes were trace and symmetrically hypoactive at the patella and Achilles bilaterally. X-rays of the lumbosacral spine revealed moderate spondylitic changes at the lumbosacral junction. There was no evidence of fracture or dislocation. There was no evidence of soft tissue calcification. X-rays of the AP pelvis revealed that there was no evidence of fracture or dislocation. There was no evidence of soft tissue calcification. The injured worker has diagnoses of lumbago, degenerative thoracic disc disease, thoracic/lumbosacral radiculitis unspecified, displacement lumbar disc without myelopathy, and degenerative lumbar/lumbosacral intervertebral disc disease. Past medical treatment includes aquatic therapy, trigger point injections, Toradol injections, epidural injections, home exercise program, and medication therapy. Medications include Tramadol 50

mg every 6 hours, Naproxen Sodium 550 mg every 12 hours, Terocin lotion 3 times daily, and Gabacyclotram 3 times daily. The current treatment plan is for the continuation of Gabacyclotram 180 grams. The rationale and the Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacyclotram 180 grams: Upheld

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

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

Decision rationale: The request for Gabacyclotram 180 grams is not medically necessary. The injured worker complained of pain in lumbosacral spine. She stated that it was constant in the midline and on the bilateral paraspinous. The injured worker also complained of a constant moderate to severe radiating pain down the posterior aspect of the thigh to under her left heel then to her toes with numbness, tingling, and burning. She stated that her toes were extremely cold. Back pain was noted with bending, stooping, and activity. There was no measureable level of pain documented. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the submitted report, there was no documentation as to where the cream would be applied and the amount. The report also lacked quantified evidence of the effectiveness of the current medications the injured worker was taking. Furthermore, the request is for a compound that per California MTUS Guidelines is not recommended. The request is for Gabapentin, Cyclobenzaprine, and Tramadol which are not supported for topical applicatoin. As such, the request for topical medication Gabacyclotram 180 grams is not medically necessary.