

Case Number:	CM14-0033053		
Date Assigned:	03/21/2014	Date of Injury:	08/24/2005
Decision Date:	06/09/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgeon, and is licensed to practice in Maryland. 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 patient is a 59 year old female who reported an injury to her neck and low back from an unknown origin. The operative report dated 08/12/13 indicates the patient undergoing a C3-4, C4-5, and C5-6 medial branch block bilaterally. The clinical note dated 09/04/13 indicates the patient complaining of low back and neck pain. The patient reported an increase in pain over the previous few weeks. The patient stated that she was having difficulty rising from a seated position. The patient described the low back pain as a stabbing sensation with radiating pain into the right lower extremity. Numbness was also identified at the fingertips along with spasms and stiffness in the upper extremities. The patient rated the neck and low back pain as 9/10 at that time. The clinical note dated 09/11/13 indicates the patient continuing with numbness and weakness in both hands. The patient rated the neck pain as 7/10 and the low back pain as 6/10. The patient stated that she had had a fall the previous week resulting in an exacerbation of low back pain. The note indicates the patient having previously undergone an epidural steroid injection. The operative report dated 10/09/13 indicates the patient undergoing an L4-5 and L5-S1 epidural steroid injection on the right. The clinical note dated 11/05/13 indicates the patient complaining of neck pain with associated headaches and radiating pain into the upper back. The patient rated the pain as 8/10 at that time. Upon exam, tenderness was identified at the C3 through C6 levels bilaterally. Cervical paraspinal muscle spasms were also identified. The operative report dated 12/09/13 indicates the patient undergoing a radiofrequency neurotomy at C2-3 and C3-4. The procedural note dated 01/08/14 indicates the patient undergoing a radiofrequency neurotomy at C3-4 and C4-5. The clinical note dated 01/15/14 indicates the patient continuing with range of motion deficits throughout the cervical spine. The patient had been prescribed the use of a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM: GABAPENTIN 10% / LIDOCAINE 5% / TRAMADOL 15%:
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 Compound Medications Page(s): 46.

Decision rationale: The request for a compounded cream, Gabapentin 10%, Lidocaine 5%, and Tramadol 15% is not medically necessary. The documentation indicates the patient complaining of a history of cervical and lumbar region pain. The use of compounded topical analgesics is not recommended as these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These medications are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Currently, there is little to no research to support the use of many of these agents. No information was submitted regarding the patient's previous trials of antidepressants or anticonvulsants. Given these factors, this request is not indicated as medically necessary.