

Case Number:	CM14-0037500		
Date Assigned:	06/25/2014	Date of Injury:	02/25/2013
Decision Date:	07/28/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

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 26-year-old male claimant sustained a work injury on 11/8/88 involving the neck, back and lower extremities. He has a diagnosis of lumbar discopathy with myelopathy, brachial neuritis and major depression resulting from the injury. On 2/12/14, the treating physician prescribed topical Lidocaine 6%-Gabapentin-10% 180gm and topical Flurbiprofen 15%-Cyclobenzaprine 2%-Baclofen 2%-Lidocaine 5% 180gm for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound-Lidocaine 6%-Gabapentin-10% 180gm, 2 refills: 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): 111-112.

Decision rationale: There is no peer-reviewed literature to support use. Since the above requested medication contains topical Gabapentin, it is not recommended by the guidelines and is not medically necessary.

Topical compound-Flurbiprofen 15%-Cyclobenzaprine 2%-Baclofen 2%-Lidocaine 5% 180gm, 2 refills: 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): 111-112.

Decision rationale: Since the above prescribed product contains cyclobenzaprine, a muscle relaxant, topical medication is not supported by the guidelines and is not medically necessary.