

Case Number:	CM14-0037782		
Date Assigned:	06/25/2014	Date of Injury:	10/02/2012
Decision Date:	07/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/31/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 40-year-old male injured on October 2, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 7, 2014, indicated that were ongoing complaints of low back pain, abdominal pain, and difficulty sleeping secondary to pain. The physical examination demonstrated a normal lumbar spine examination and tenderness of the abdomen with evidence of a number local hernia. A psychological evaluation was requested. A request had been made for gabapentin/lidocaine/tramadol and cyclobenzaprine/flurbiprofen and was not certified in the pre-authorization process on March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 gr Gabapentin 10%, Lidocaine 5%, Tramadol 15%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical and Guidelines, the only topical analgesics recommended for usage are those which include anti-inflammatory medications,

lidocaine, and potentially capsaicin. There is no peer-reviewed evidence-based medicine that indicates there is any benefit to topical preparations of gabapentin and tramadol. This request for 240 gram gabapentin 10%, lidocaine 5%, tramadol 15% is not medically necessary.

240 gr Cyclobenzaprine 2%, Flurbiprofen 25%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical and Guidelines, the only topical analgesics recommended for usage are those which include anti-inflammatory medications, lidocaine, and potentially capsaicin. There is no peer-reviewed evidence-based medicine that indicates there is any benefit to topical preparations of cyclobenzaprine. This request for a topical compounded preparation of 240 gram cyclobenzaprine 2%, flurbiprofen 25% is not medically necessary.