

Case Number:	CM14-0044299		
Date Assigned:	06/20/2014	Date of Injury:	01/15/2013
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
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 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 employee is a 30-year-old gentleman who states that he sustained a work-related injury on January 15, 2013. The mechanism of injury is not stated in the medical records reviewed. The most recent medical record available is dated January 17, 2014, which contains complaints of sharp headaches, blurry vision, neck pain, low back pain, and right knee pain. There was no focused physical examination performed on this date. There was a request for Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, flurbiprofen, capsaicin, tramadol, and menthol. A utilization management review did not certify a request for Gabapentin 10% Lidocaine 5% Tramadol 15% 240 gm, Cyclobenzaprine 2% Flurbiprofen 25% 240 gm on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Lidocaine 5% Tramadol 15% 240 gm, Cyclobenzaprine 2% Flurbiprofen 25% 240 gm (prescription date 11/25/13, date of service 12/12/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 111 OF 127.

Decision rationale: The most recent progress note dated January 17, 2014, explains the ingredients of Gabapentin 10% Lidocaine 5% Tramadol 15% 240 gm, Cyclobenzaprine 2% Flurbiprofen 25% 240 gm but does not state why the injured employee is in need of these medications. Additionally, according to the California Medical Treatment Utilization Schedule chronic pain medical treatment guidelines, only topical analgesics with anti-inflammatories, lidocaine or capsaicin are recommended for usage. There is no known efficacy of additional compounded medications. The request for Gabapentin 10% Lidocaine 5% Tramadol 15% 240 gm, Cyclobenzaprine 2% Flurbiprofen 25% 240 gm, provided on December 12, 2013, is not medically necessary or appropriate.