

Case Number:	CM14-0051837		
Date Assigned:	07/07/2014	Date of Injury:	09/21/2010
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 52 year old female who sustained an injury on 09/21/10 while pulling on a release bar. The injured worker was followed for multiple conditions including left shoulder pain and pain in the right upper extremity. The injured worker had multiple surgical procedures including left shoulder surgery in 05/13 right carpal tunnel release in 12/12 and prior anterior cervical discectomy and fusion and lumbar laminectomy and discectomy in 2012 and 2011. The injured worker was followed for continuing chronic pain in the low back and mid back. Previous medication use included Ambien, Norco, Zanaflex and Prilosec. No specific side effects from medications were noted. The injured worker had consistent urine drug screen findings for Norco. The injured worker was seen on 03/27/14 with continuing complaints of shoulder pain. Physical examination noted weakness at the left deltoid. There was loss of range of motion in the left shoulder. Positive impingement signs were present. The requested topical compounded medication to include gabapentin, cyclobenzaprine, and tramadol was denied on 03/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPPD/GABAPENTIN/CYCLOBENZ/TRAMADOL Qty 180 Days 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin 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 Chronic Pain Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains gabapentin, cyclobenzaprine, and tramadol which are not approved for transdermal use. The clinical documentation provided did not discuss the claimant's prior medication use and did not indicate that there were any substantial side effects with the oral version of the requested medication components. In regards to the use of topical compounded medication that includes gabapentin, cyclobenzaprine, and tramadol, based on the clinical documentation provided for review and current evidence based guideline recommendations, The request is not medically necessary.