

Case Number:	CM14-0053318		
Date Assigned:	07/07/2014	Date of Injury:	07/22/2008
Decision Date:	09/22/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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:

Patient is a 48-year-old male who has submitted a claim for lumbar and cervical intervertebral disc displacement associated with an industrial injury date of 07/22/2008. Medical records from 2013 to 2014 were reviewed. Patient complained of constant pain at the neck, upper and lower back graded 7/10 in severity. Pain was described as sharp, aching, numbness, stiffness, shooting, tingling, throbbing and dull. Physical examination showed tenderness at the paraspinal muscles. Shoulder depression test was positive at the right. Minor's sign and Valsalva maneuver were positive bilaterally. Motor, reflexes, and sensory were intact. Treatment to date has included acupuncture, activity restrictions, and medications. Utilization review from 03/27/2014 denied the retrospective request for Gaba/Tram/Lido for the Lumbar Spine (DOS: 12/15/2013) because of limited published studies concerning efficacy and safety of compounded products.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gaba/Tram/Lido for the Lumbar Spine (DOS: 12/15/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of opioid medications and Gabapentin in a topical formulation. The topical formulation of tramadol does not show consistent efficacy. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Gabapentin, Tramadol, and Lidocaine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the retrospective request for Gaba/Tram/Lido for the Lumbar Spine (DOS: 12/15/2013) was not medically necessary.