

Case Number:	CM14-0061983		
Date Assigned:	07/09/2014	Date of Injury:	10/21/2012
Decision Date:	08/08/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/29/2014

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 Podiatric Medicine and is licensed to practice in New York. 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:

According to the enclosed information, this patient suffered an industrial accident on October 21, 2012. On May 13, 2014, this patient was evaluated by his physician for right ankle/foot pain rated at 8/10. Right ankle range of motion demonstrates 20 of dorsiflexion, 35 of plantarflexion, 25 of inversion, 15 of eversion right side. Right ankle swelling is also noted. Diagnoses include status post right ankle surgery, rule out CRPS (complex regional pain syndrome) type I. Amongst other recommendations, patient was advised to begin a compounded therapeutic cream for his ankle pain and swelling. The cream is noted to be Gabacyclotram 180gm: (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%). Apply a thin layer to affected area 2-3 x day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacyclotram 180gm (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ; topical analgesics Page(s): 111-113.

Decision rationale: After careful review of the enclosed information and the pertinent Chronic Pain Medical Treatment Guidelines for this case, it is my opinion that the Decision for Compound Medication: Gabacyclotram 180gm: (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) is not medically reasonable or necessary at this time. The chronic pain medical treatment guidelines state very clearly that: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medication recommended in this case contains topical gabapentin, cyclobenzaprine, and tramadol. The guidelines specifically state that topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. Furthermore, the guidelines also state that with respect to other muscle relaxants (such as cyclobenzaprine): There is no evidence for use of any other muscle relaxant as a topical product. The request for Gabacyclotram 180 gm (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) is not medically necessary or appropriate.