

Case Number:	CM14-0070027		
Date Assigned:	07/14/2014	Date of Injury:	09/30/2013
Decision Date:	10/02/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 30, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; unspecified amounts of acupuncture over the life of the claim; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 17, 2014, the claims administrator partially certified a request for cyclobenzaprine, approved a request for naproxen, and denied a request for several topical compounded drugs. The applicant's attorney subsequently appealed. On October 23, 2013, the applicant reported persistent complaints of low back pain radiating into the right leg, exacerbated by twisting and turning. The applicant stated that epidural steroid injection therapy had provided temporary relief. Naproxen, several topical compounds, and an interferential unit were endorsed while the applicant was placed off of work, on total temporary disability. In a March 13, 2014 office visit, the applicant was given refills of cyclobenzaprine, naproxen, and transdermal compounds. The applicant was also described as using gabapentin for pain relief. The applicant's work status was not clearly stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic, adjuvant, and topical medications, including naproxen and Neurontin. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Transdermal Compound: Flurbiprofen/Tramadol: Upheld

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

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Neurontin, naproxen, etc., effectively obviates the need for the largely experimental topical compound. Therefore, the request is not medically necessary.

Transdermal Compound: Gabapentin/Amitriptyline/ Dextromethorphan: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound in question, is not recommended for topical formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.