

Case Number:	CM14-0077189		
Date Assigned:	07/18/2014	Date of Injury:	12/06/2010
Decision Date:	09/19/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/27/2014

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 Alabama, New York, and Maryland. 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:

This is a 53 year old male who sustained a work-related injury on 12/6/2010. The mechanism of injury occurred when he was trying to put the 150 lbs trunk of a tree into a truck. The current diagnoses included lumbar radiculopathy and failed back syndrome after having a lumbar laminectomy done. As per the primary doctors note dated on 3/17/2014, the patient had complaints of low back pain that radiated into the thighs and legs bilaterally with numbness and tingling. Physical examination revealed limited range of motion of the lumbar spine, positive straight leg raise, decreased sensation, tenderness on palpation, and 4/5 strength. The current medication lists included are neurontin, norco, cyclobenzaprine, omeprazole, and nucynta. He also had a MRI of his lumbar spine done on 8/27/2013 that revealed facet arthropathy and foraminal and spinal canal stenosis of the lumbar vertebrae. He underwent lumbar laminectomy in the june or july of 2011 and received an epidural steroid injection for this injury. The operative/procedure note was not specified in the records provided. The patient has also received an unspecified number of physical therapy visits for this injury to date. He has used transcutaneous electrical neurostimulation for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic-Trama/Flurb/Gaba/Cyclo: 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: Based on the CA MTUS CPMT guidelines , the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety and should mainly be tried if other medications have failed to improve symptoms. It is also important to note that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no literature to support the use of topical gabapentin in this mixed topical cream. Cyclobenzaprine is a muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. After referring to the CA MTUS CPMT guidelines and criteria regarding topical analgesics, and reviewing the patient's medical records, this request would not be medically necessary.