MAXIMUS Federal Services

Case Number:	CM14-0080643		
Date Assigned:	07/18/2014	Date of Injury:	10/25/2010
Decision Date:	08/25/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 Management 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:

This case involves a 44 year old male who has a date of injury of 10/25/2010. The progress reported dated 05/22/2014 stated that the patient had complaints of low back pain, sharp radiating pain along the groin area, buttocks and down to the right leg associated with numbness. He has difficulty standing straight and presented with slouched posture. The patient had sacroiliac joint injection last year with symptom improvement. The objective findings included a straight leg raising test which was positive at 45 degrees which is causing pain in the left leg and lateral side of ankle/foot. There is adaptive myofascial shortening of the hamstring muscles and mild crepitus of the patella. In addition, there is diminished lumbosacral range of motion, palpatory tender points, L4-S1 paraspinals, and bilateral posterior superior iliac of the spine. Diagnostic imagines include X-ray dated 02/05/10 that revealed mile compression at T8. Additional an MRI dated 11/10/10 revealed an L3-4, 3-4 mm disk bulge, L4-5 posterior annular tear with 3.5 mm disk bulge, and L5-S1 posterior annular tear with 4.5 mm disk bulge. Diagnoses include chronic low back pain, L3 S1 disk bulge, annular tear, status post 12/29/11 surgery, right sciatica, T8 compression, grade 1 obesity, gastroesophageal reflux disease (GERD) non-industrial, gait impairment, and right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10% Gabapentin 10% 4gm: 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 CA MTUS 2009: 9792.24.2. state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. (page 111)Additionally, CA MTUS 2009: 9792.24.2. state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. (page 112-113) Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that muscle relaxants, like Baclofen, and antiepilepsy drugs, like Gabapentin, are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested compound topical contains both a muscle relaxant and an antiepilepsy drug; therefore, the request is not medical necessary.