

Case Number:	CM14-0086620		
Date Assigned:	07/23/2014	Date of Injury:	10/21/2010
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 has a subspecialty in Neuromuscular Medicine and is licensed to practice in 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:

The patient is a 64 year old female with a work injury dated 10/21/10. The diagnoses include cervical facet arthropathy, lumbar degenerative disc disease, right low back pain with facet arthropathy. Under consideration is a request for Cyclobenzaprine 10% + Gabapentin 10% 150g gel with 2 refills. There is a 2/11/14 pain management document that states that the patient complains of upper neck and low back pain. The severe mid to upper neck pain is now greatly improved- after a repeat of the radiofrequency neurotomy for the left C3-4 and C4-5 facet joints, on January 8, 2014. Range of motion in the neck has improved. Overlying muscle spasms have improved. The patient has significant pain in the right low back region with referral to the buttocks area. This pain in the past greatly improved with radiofrequency neurotomy procedure, which was done in October of 2012, more than 15 months ago. On exam she is alert and oriented. She is uncomfortable and shifts position. Vital signs are stable. Overall, on average, the patient's pain is rated at level of 6 to 7/10, and with medication at 4 to 5/10. The pain can easily become as severe as 8 to 9/10. Gait is mildly antalgic. She is able to heel walk and toe walk. Examination of the low back shows no skin lesions. There is good range of motion with forward flexion, but limited in posterior extension or lateral tilt, more so to the right than to the left. There is tenderness of the posterior columns to the right of midline at approximate levels of L4-5 and L5-S I. The patient has pain in the right low back that becomes worsened with posterior tilt or lateral tilt. In the lower extremities, there is no gross motor or sensory deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10% + Gabapentin 10% 150g gel with 2 refills: Upheld

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

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

Decision rationale: Cyclobenzaprine 10% + Gabapentin 10% 150g gel with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Neither Gabapentin or Cyclobenzaprine are recommended for topical use by the MTUS guidelines. The documentation does not indicate that the patient is unable to take oral medications. For these reasons Cyclobenzaprine 10% + Gabapentin 10% 150g gel with 2 refills is not medically necessary.