

Case Number:	CM14-0092659		
Date Assigned:	07/25/2014	Date of Injury:	12/10/2001
Decision Date:	10/02/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Nevada. 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 records presented for review indicate that this 46 year-old male was reportedly injured on December 10, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 20, 2014, indicates that there are ongoing complaints of low back pain with right lower extremity involvement. The physical examination demonstrated a 5'11", 251 pound individual who has multiple trigger points in the lower lumbar spine and paraspinous muscle spasm. Diagnostic imaging studies objectified postoperative and degenerative changes. Previous treatment includes multiple lumbar surgeries, multiple pain management interventions and medications. A request had been made for multiple medications and was not certified in the pre-authorization process on May 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/ Cyclobenzaprine 10%/ Capsaicin 0.0375% Cream 120 g apply to affected area two to three times a day as directed by physician: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Capsaicin Page(s): 111, 113; 112.

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

Decision rationale: As noted in the MTUS, topical analgesics are largely experimental and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. When noting the date of injury, the injury sustained, the treatment rendered and the multiple surgeries; there is no clear clinical indication for continued use of skeletal muscle relaxant medications. Therefore, this topical preparation is not clinically indicated or medically necessary.