MAXIMUS Federal Services

Case Number:	CM14-0124778		
Date Assigned:	08/08/2014	Date of Injury:	10/09/2013
Decision Date:	01/30/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 Internal Medicine, 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:

The patient is an injured worker with a history of lumbosacral back injury. Regarding the mechanism of injury, the patient was driving a forklift and drove over a pothole, resulting in back injury on October 9, 2013. Medical history included L2 through L5 lumbar ligament strain, lumbar ligament and muscle strain and spasm, bilateral L5 radiculopathy, lumbar spine trigger spine, spondylosis, disc herniation, central stenosis, lateral recess stenosis, and neuroforaminal stenosis at L4-L5 and L5-S1 with lateral lower extremity radiculopathy. The progress report dated June 17, 2014 documented subjection complaints of low back pain radiating to bilateral lower extremities, with episodes of numbness and tingling in his bilateral lower extremities. Pain level ranged from 4 to 7/10. He was awakening at night with pain. He reported difficulty with activities of daily living. Physical examination revealed paraspinal spasms and tenderness to palpation of the lumbar paravertebral musculature as well as sciatic notch tenderness. Straight leg raise was positive bilaterally at thirty-five degrees. There was diminished sensation over the posterior calf. Strength was 4/5 in the bilateral tibialis anterior, extensor hallucis longus, and gastrocnemius, and 5/5 in the bilateral hip flexors and quadriceps. The lumbar spine flexion and extension X-rays revealed retrolisthesis at L5-S1 with motion. The treatment recommendation was for a L4-S1 anterior-posterior fusion and decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.375% 120gm: Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document lumbosacral back conditions. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing Cyclobenzaprine. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical analgesic containing the muscle relaxant Cyclobenzaprine. MTUS does not support the use of a topical analgesic containing the muscle relaxant Gabapentin. Therefore, the request for a topical compound medication containing Gabapentin, Cyclobenzaprine, and Capsaicin is not supported by MTUS guidelines. Therefore, the request for Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.375% 120gm is not medically necessary.