

Case Number:	CM14-0184533		
Date Assigned:	11/12/2014	Date of Injury:	11/11/2009
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 53 a year old female who was injured on 11/11/2009. The diagnoses are status post cervical spine discectomy fusion, cervical radiculopathy, carpal tunnel syndrome, lumbar disc herniation and low back pain. There are associated diagnoses of major depression and post-concussion syndrome. The MRI of the lumbar spine showed multilevel disc bulge, foraminal stenosis and facet / ligamentum flavum hypertrophy. The patients completed PT and psychotherapy. On 10/13/2014, [REDACTED] noted subjective complaint of frequent headaches, neck pain and low back pain radiating to the upper and lower extremities respectively. There is associated numbness, tingling sensations and weakness of the extremities. The pain score was rated at 8-9/10 on a scale of 0 to 10. The medications are naproxen, Ultracet, Soma and topical compound cream for pain. The patient is also utilizing Cymbalta, Ativan, Prosom and Risperdal from psychiatrist, [REDACTED]. A Utilization Review determination was rendered on 10/27/2014 recommending non-certification for compound topical gabapentin 10% / cyclobenzaprine 10% / capsaicin 0.375% 120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.375%, 120 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound medications can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with localized neuropathic pain. The patient was diagnosed with cervical and lumbar pain. The records did not show that the patient failed treatment with orally administered first line medications. There is FDA and guidelines recommendation for the use of cyclobenzaprine and gabapentin in oral formulation for effective titration to efficacy and tolerance. It is recommended that topical preparations be utilized individually for evaluation of efficacy. The criteria for the use of Gabapentin 10% / Cyclobenzaprine 10% / Capsaicin 0.375% 120gm was not met.