

Case Number:	CM14-0191928		
Date Assigned:	11/25/2014	Date of Injury:	01/22/2014
Decision Date:	04/22/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old man sustained an industrial injury on 1/22/2014. The mechanism of injury is not detailed. Current diagnoses include chronic low back pain with degenerative disc disease, lumbar spine spondylosis, and right knee pain. Treatment has included oral medications. Physician notes dated 10/14/2014 show complaints of low back pain with radiation to the right lower extremity and right knee pain. Recommendations include follow up with the orthopedist, lumbar epidural steroid injections, motorized cold therapy unit for purchase to be used after injection, continue Norco, continue compound analgesic cream, continue Gabapentin, discontinue Tizanidine, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 8%/GABAPENTIN 10%/MENTHOL 12%/CAMPHOR 2%/CAPSAICIN 0.5%: 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 Topical Gabapentin Page(s): 113.

Decision rationale: On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the topical compound cream consistent of Tramadol 8%, gabapentin 10%, Menthol 12%, Camphor 12%, and capsaicin 0.5% is recommended as not medically necessary.