

Case Number:	CM14-0193495		
Date Assigned:	12/01/2014	Date of Injury:	03/20/2012
Decision Date:	01/14/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Interventional Spine 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 a 65 year old male with an injury date of 03/20/12. The 09/19/14 progress report states that the patient presents with constant pain in the head, the neck radiating to the upper extremities, mid back, lower back radiating to the lower extremities, bilateral shoulders, bilateral elbows, bilateral wrists, bilateral knees, bilateral ankles, and right hip rated 3-6/10. The patient also presents with depression. Examination shows tenderness of the cervical spine and trapezius muscles with spasms along with tenderness of the lateral epicondyle. Phalen's test is positive. There is tenderness of the lumbar spine and the paravertebral muscles bilaterally. The patient's diagnoses include: headache; cervical disc protrusion; cervical radiculopathy; thoracic sprain/strain; lumbar radiculopathy; lumbar disc protrusion; bilateral shoulder rotator cuff syndrome; bilateral elbow lateral epicondylitis; bilateral wrist tenosynovitis; bilateral chondromalacia patella; bilateral ankle sprain/strain; and depression. The utilization review being challenged is dated 10/17/14. Reports were provided from 07/17/14 to 10/22/14.1. Headache2. Cervical disc protrusion3. Cervical radiculopathy4. Thoracic sprain/strain5. Lumbar radiculopathy6. Lumbar disc protrusion7. Bilateral shoulder rotator cuff syndrome8. Bilateral elbow lateral epicondylitis9. Bilateral wrist tenosynovitis10. Bilateral chondromalacia patella11. Bilateral ankle sprain/strain12. DepressionThe utilization review being challenged is dated 10/17/14. Reports were provided from 07/17/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacyclotram 180gms: gabapentin 10%, cyclobenzaprine 6%, tramadol 10%: 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 Analgesics Page(s): 111, 113.

Decision rationale: The patient present with head, neck, mid and lower back, bilateral wrists, knees, ankles and bilateral shoulder pain. Pain radiates to the upper and lower extremities rated 3-6/10. The treating physician requests for gabacyclotram 180 gms: gabapentin 10%, cyclobenzaprine 6%, and tramadol 10%. The 10/17/14 Utilization Review states the request is dated 10/09/14. The MTUS Guideline, Chronic Pain on page 111 states the following regarding topical creams: "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." It appears the patient is starting this medication, per the 09/19/14 report. The treating physician stated that this topical cream is for treatment of pain and inflammation, and is applied to affected areas. In this case, cyclobenzaprine and tramadol are not supported for topical formulation. Furthermore, MTUS specifically states that gabapentin is not recommended under the topical cream section. Therefore, this request is not medically necessary.