

Case Number:	CM14-0197035		
Date Assigned:	12/05/2014	Date of Injury:	01/12/2013
Decision Date:	01/16/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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 New York. 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 claimant is a 31-years/old male who sustained an industrial injury on 01/12/2013. The mechanism of injury was not provided for review. His diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar disc protrusion, idiopathic peripheral autonomic neuropathy, and unspecified disorder of the autonomic nervous system. He continues to complain of neck and low back pain. On physical exam there is decreased cervical range of motion, decreased thoracic range of motion, tenderness of the lumbar paravertebral muscles, decreased lumbar range of motion, positive straight leg raise and Braggard's bilaterally 5/5 lower extremity motor strength, 2/4 lower extremity DTRs and normal sensation in the lower extremities. Treatment has consisted of medical therapy including topical compounds, B12 injection, and use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabaclotram Cream (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case Cyclobenzaprine is not FDA approved for topical application and there is lack of scientific evidence to support the use of topical Tramadol. Medical necessity for the requested item is not been established. The requested item is not medically necessary.