

Case Number:	CM14-0197422		
Date Assigned:	12/05/2014	Date of Injury:	07/18/2002
Decision Date:	01/16/2015	UR Denial Date:	11/03/2014
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 Emergency 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:

Patient with reported date of injury on 7/18/2002. Patient has a diagnosis of musculotendinoligamentous sprain/strain of lumbar spine, disc bulge with radiculopathy of lumbar spine, lumbar facet arthropathy, failed back syndrome, post laminectomy syndrome and chronic pain syndrome. Medical reports reviewed. Last report available until 10/23/14. Pt complains of low back pain, insomnia and constipation. Pain is baseline 5/10. Objective exam was not documented on that visit. Medications include Butrans, Carafate, Colace, Lyrica, Orphenadrine, Prevacid, Senna, Abilify, Buspar, Levitra, Muse and Seroquel. Independent Medical Review is for Diclofenac 10%/Gabapentin 5%/Cyclobenzaprine 2%/Lidocaine 5% cream #120gram. Prior UR on 11/3/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cream- Diclofenac 10%, Gabapentin 5%, Cyclobenzaprine 2%, Lidocaine 5%, and 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical applications Page(s): 112-113.

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

Decision rationale: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Diclofenac: Recommended for short term use, may be beneficial for short term. Patient has been on this chronically with no documented improvement. Not recommended. 2) Lidocaine: Topical lidocaine is recommended for post-herpetic neuralgia only although it may be considered as off-label use as a second line agent for peripheral neuropathic pain. It may be considered for peripheral neuropathic pain only after a trial of 1st line agent. Patient does not meet indication for lidocaine use. 3) Gabapentin: Gabapentin is an anti-epileptic. It is not FDA approved for topical use. As per MTUS guidelines it is not recommended with any evidence to support its use as a topical product. It is not recommended. 4) Cyclobenzaprine: Not recommended for topical use. It is not FDA approved for topical use. There is no evidence support its use topically. Not a single component of this cream is medically recommended. This compounded product is not medically necessary.