

Case Number:	CM14-0197865		
Date Assigned:	12/08/2014	Date of Injury:	09/28/2012
Decision Date:	01/22/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 45 year old male with an injury date of 09/28/12. Based on the 11/03/14 progress report, the patient complains of bilateral knee pain as well as the low back. The patient says the hydrocodone is the most beneficial for his pain relief at this time. Current medications are Tramadol, Omeprazole, Cartivisc, and topical creams, Gabapentin, Amitriptyline, Dextromethorphan, and Cyclobenzaprine creams. The patient is tender over the lumbar region of the back. Flexion at the waist is limited to 50 degrees. The patient is tender to palpation over the anterior and inferior area of both knees. Pulses are 2+ and bilateral. His diagnoses are: 1. Lumbar Discopathy and radiculopathy, 2. Bilateral knee degeneration and arthritic changes and joint effusion. The treatment plan is to continue medications. MRI of left knee dated 08/13/14 showed knee joint effusion. Based on the 10/06/14 report, the patient complains of mid back and bilateral knee pain rated at 8/10 and 5/10 with medication. The low back pain radiates to bilateral lower extremity with numbness and pain rated at 7/10 and 4/10 with the use of medication. The patient states that he has lack of sleep. Thoracic spine, lumbar spine and knee area noted tenderness and spasm with decreased range of motion. List of diagnoses per 10/06/14 include following: 1. Thoracic sprain/strain, 2. Lumbar radiculopathy, 3. Lumbar sprain/strain, 4. Bilateral knee internal derangement, 5. Bilateral knee sprain/strain, 6. Bilateral knee joint effusion, 7. Insomnia. The medications dispensed were Hydrocodone, Cyclobenzaprine, and Omeprazole. The treater prescribed compound topical cream. The treating physician is requesting Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm on 11/03/14. The utilization review determination being challenged is dated 11/14/14. The requesting physician provided treatment reports from 05/01/14-11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Cyclo/ Gaba/ Amit 180gm: 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.

Decision rationale: This patient presents with bilateral knee pain as well as back pain. The request is for Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine and gabapentin are not indicated for topical formulation and not recommended by MTUS. The request IS NOT medically necessary.