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| Case Number: | CM14-0200132 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 06/07/2012 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 11/17/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 61-year-old woman who sustained a work-related injury on June 7, 2012. Subsequently, she developed with chronic low back pain. Prior treatments included: stretching, walking, medications, ice/hot packs, and Terocin patches. The patient also had anterior discectomy and fusion at the L4-5 and L5-S1 with posterior hardware for stabilization on November 7, 2013. According to a progress report dated November 12, 2014, the patient complained of constant moderate to severe low back pain and numbness down both legs. Examination revealed decreased range of motion of the lumbar spine and tenderness. CT of the lumbar spine dated December 30, 2013 showed subluxation L4-5 and L5-S1 levels. There was a 3 mm symmetrical disc bulge at L2-3 level with bilateral foraminal stenosis. MRI of the lumbar spine dated December 30, 2013 showed mild subluxation at L4-5 and L5-S1 levels. There was mild disc bulge at L2-3 level with no significant central canal or foraminal stenosis. The patient was diagnosed with status post lumbar fusion L4-5 and L5-S1, asymmetrical radiculopathy left lower extremity with diffuse numbness, decreased ambulation, and weakness, myoligamentous strain of the lumbar spine, and status post total abdominal hysterectomy. The provider requested authorization for Cyclobenzaprine 10%/Gabapentin 5%/Lidocaine 5%/Capsaicin 0.025% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%/Gabapentin 5%/Lidocaine 5%/Capsaicin 0.025% transdermal cream: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Therefore, topical analgesic Cyclobenzaprine 10%/Gabapentin 5%/Lidocaine 5%/Capsaicin 0.025% is not medically necessary.