

Case Number:	CM14-0217686		
Date Assigned:	01/07/2015	Date of Injury:	11/18/2002
Decision Date:	05/05/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 injured worker is a 50 year old male, who sustained an industrial injury on 11/18/2002. Diagnoses have included lumbar discopathy and status post lumbar microdiscectomy and decompression. Treatment to date has included surgery and medication. According to the progress report dated 10/28/2014, the injured worker complained of occasional flare ups of low back pain and some right leg radicular symptoms. He complained of aching and stabbing pain in his low back which he rated 3-4/10. He complained of aching pain in his right leg rated 2-3/10. He was currently taking Norco and Soma. Physical exam revealed weakness on heel and toe walk. Straight leg raise maneuver was positive. There was sciatic stretch sign to the hamstrings. Authorization was requested for Cyclobenz/Gabapen/Trama/Ethoxy Digglycol Penderm Compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenz; Gabapen/Trama/Ethoxy Digglycol Penderm Compound 240ml: 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 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2002. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of goals for efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Cyclobenz; Gabapen/Trama/Ethoxy Digglycol Penderm Compound in this injured worker, the records do not provide clinical evidence to support medical necessity. The request is not medically necessary.