

Case Number:	CM14-0053598		
Date Assigned:	07/07/2014	Date of Injury:	12/10/2001
Decision Date:	04/09/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old male with an industrial injury date of 12/10/2001. The mechanism of injury is documented as a motor vehicle accident resulting in back pain. He presents on 03/05/2014 with complaints of low back pain rated as 8/10 with radiation to the right lower extremity. Physical exam revealed antalgic gait. There was tenderness to palpation over the lumbar 4-5 dermatomes bilaterally. Range of motion revealed flexion at 25/60, extension at 5/25 and right and left lateral bend at 5/25. Straight leg raise and Braggard's tests were positive bilaterally. EMG dated 02/19/2014 revealed evidence of moderate, chronic lumbar 4-5 radiculopathy on the left greater than the right. Urine drug test on 01/22/2014 was consistent with his medication with no aberrant behavior or misuse of medications. Prior treatment included chiropractic treatments, physical therapy, neurosurgery referral, diagnostics, post-operative aquatic therapy, lumbar epidural injections, surgery and medications. Diagnoses included:- Status post anterior lumbar interbody fusion at lumbar 4-5. Status post anterior lumbar interbody fusion at lumbar 5- sacral 1. Status post posterior lumbar decompression and fusion. Chronic pain syndrome. Lumbar 5-sacral 1 solid anterior fusion with right lumbar laminectomy. Lumbar 4- 5 solid anterior fusion and severe stenosis of the left foramen due to facet hypertrophy. Bilateral lower extremity leg radiculopathy with mild stenosis. On 04/08/2014 the request for gabapentin 10%, Cyclobenzaprine 10%/capsaicin 0.0375% gel - quantity 120 gm was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% Gel 120gm: 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): 111-113.

Decision rationale: According to the 03/05/2014 report, this patient presents with pain in the lower back that radiates to the right lower extremity. The current request is for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% Gel 120gm. The request for authorization is not provided for review. The patient's work status is deferred to the PTP. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS further states Cyclobenzaprine topical, Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS also does not support gabapentin as a topical product. In this case, Cyclobenzaprine and gabapentin cream are not recommended for topical formulation. The current request IS NOT medically necessary.