

Case Number:	CM14-0058987		
Date Assigned:	07/09/2014	Date of Injury:	11/11/2009
Decision Date:	12/03/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 was a 54 year old female, who sustained an industrial injury, November 11, 2009. The injured worker was undergoing treatment for disc herniation of L4-L5 with facet and ligamentum flavum hypertrophy with trefoil shaped and bilateral foraminal stenosis and lateral recess stenosis, herniated nucleus pulposus at L4-L5 level with left lower extremity radiculopathy, status post anterior cervical decompression and fusion at C5-C7 levels with possible solid fusion at C5-C7 levels and L5-S1 disc herniation and depression. According to progress note of March 31, 2015, the injured worker's chief complaint was constant neck pain which was rated 7 out of 10 with radiation into the bilateral arms, right worse than the left. There was numbness and tingling in the bilateral hands, right worse than the left. There was constant low back pain rated 8 out of 10 with radiation to the bilateral lower extremities with associated muscle spasms. The physical exam noted paraspinal spasms and tenderness with palpation over the cervical paravertebral musculature. There was decreased sensation to touch over the dorsum of the hand. The lumbar spine revealed spasms and tenderness with palpation over the lumbar paravertebral musculature. There was positive straight leg raises test on the right. The injured worker previously received the following treatments 8 sessions of physical therapy, psychiatric services, the current medications on March 31, 2015 were Soma, Naprosyn, cervical spine CT scan on January 2, 2014 and topical creams. The RFA (request for authorization) dated March 31, 2015; the following treatments were requested topical cream consisting of 10% Gabapentin, 10% Cyclobenzaprine and 0.0375% Capsaicin cream 120gr. The UR (utilization review board) denied certification on April 22, 2014; for a prescription for a topical cream consisting of 10% Gabapentin, 10% Cyclobenzaprine and 0.0375% Capsaicin cream 120gr.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.037% Cream 120 gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation FDA approved and non-approved agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (gabapentin and cyclobenzaprine) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.