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| Case Number: | CM14-0085089 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 04/06/2011 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 05/12/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 56-year-old man who sustained a work-related injury on April 6, 2011. Subsequently, he developed chronic low back pain. Subsequently, he developed with chronic low back pain. According to a progress report dated on April 18, 2014, the patient was complaining of neck and low back pain with a severity rated between 2-6/10. The patient was treated with Norco, Soma, Naprosyn and Ultracet without pain control. Physical examination demonstrated lumbar tenderness with reduced range of motion, positive straight leg raising. The patient was diagnosed with the post ACDF syndrome, cervical and lumbar spondylosis and worsening left leg pain. The provider request authorization for a topical analgesic.

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% cream: Upheld

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

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, the request for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream is not medically necessary.