

Case Number:	CM15-0007662		
Date Assigned:	01/26/2015	Date of Injury:	06/30/2008
Decision Date:	03/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California
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 (IW) is a 47 year old female, who sustained an industrial injury on June 30, 2008. She has reported bilateral knee pain, low back pain and lower extremity pain with associated numbness, paresthesias and weakness and was diagnosed with sprain in the lumbar region, sprain of the knee and leg, cervicgia, chronic bilateral lumbar radiculopathy and depressive disorder. Treatment to date has included radiographic imaging, diagnostic studies, spine surgery, pain medications, work modifications and treatment modalities. Currently, the IW complains of low back pain radiating to the lower extremities with associated weakness, numbness and tingling. The IW sustained an industrial injury in 2008, resulting in chronic pain as previously described. On September 10, 2014, electrodiagnostic studies revealed evidence of chronic bilateral lumbar radiculopathy. On November 18, 2014, evaluation revealed continued pain. On December 30, 2014, Utilization Review non-certified a cyclobenzaprine/gabapentin/lidocaine/capsaicin compound 30mg, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 13, 2015, the injured worker submitted an application for IMR for review of requested cyclobenzaprine/gabapentin/lidocaine/capsaicin compound 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Gabapentin/Lidocaine/Capsaicin compound 30gm: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants and Gabapentin are not recommended due to lack of scientific evidence. Since the above medications contain Cyclobenzaprine and Gabapentin, the compound requested is not medically necessary.