

Case Number:	CM15-0107966		
Date Assigned:	06/12/2015	Date of Injury:	10/08/2012
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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: 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 48 year old male, who sustained an industrial/work injury on 10/8/12. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral neuritis. Treatment to date has included medication, chiropractic care, epidural steroid injection, acupuncture, and left discectomy at L5-S1 (11/5/14). MRI results were reported on 7/3/14 revealing mild spondylosis and small left disc protrusion resulting in mild left lateral recess stenosis at L5-S1, minimal spondylosis and small right foraminal disc protrusion at L4-5 resulting in mild right foraminal stenosis. Currently, the injured worker complains of back pain that radiated to the left leg to the toes rated 4/10. Per the primary physician's progress report (PR-2) on 1/8//15, there was mild tenderness to palpation over the bilateral lower lumbar paraspinals, greatest around the surgical scar, gait is antalgic, heel to toe walk was deferred, mild decreased sensation to light touch and pinprick in the left L4,5, and S1 dermatomes, strength testing is deferred, diminished reflexes in bilateral patella and Achilles, positive straight leg raise on the left at 70 degrees and radiating to the ankle. The requested treatments include compound medication (Cyclobenzaprine 5%) and compound medication (Gabapentin 10%).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound medication (Cyclobenzaprine 5%): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury without improved functional outcomes attributable to their use. The 1 compound medication (Cyclobenzaprine 5%) is not medically necessary and appropriate.

1 compound medication (Gabapentin 10%): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The 1 compound medication (Gabapentin 10%) is not medically necessary and appropriate.