

Case Number:	CM15-0010886		
Date Assigned:	01/28/2015	Date of Injury:	08/03/2011
Decision Date:	04/17/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/20/2015

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, Pain Management

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 42-year-old male, with a reported date of injury of 08/03/2011. The diagnoses include lumbar displaced intervertebral disc/herniated nucleus pulposus. Treatments have included a wheelchair, and topical pain medication. The medical report dated 01/07/2015 indicates that there were no changes in the injured worker's lower back pain and radiating leg pain. The pain was rated 10 out of 10. The injured worker requested spinal surgery. He noted weakness in his legs, and used a wheelchair for long distances. The physical examination indicated that the injured worker would not voluntarily move his legs, and there was 2 out of 5 collapsing weakness in the bilateral deltoid, triceps, and extensor digitorum. The injured worker was able to lift his arms above the shoulder level and shake the treating physician's hand, which demonstrated significant strength. The treating physician requested Flurbiprofen 10%, cyclobenzaprine 1%, gabapentin 5%, lidocaine 2%, and prilocaine 2% to apply 1-3 times a day. On 01/15/2015, Utilization Review (UR) denied the request for a compound of Flurbiprofen 10%, cyclobenzaprine 1%, gabapentin 5%, lidocaine 2%, and prilocaine 2%, noting that none of the compounded medications are recommended for chronic, localized musculoskeletal pain and is considered experimental/investigational. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound of Flurbiprofen, Cyclobenzaprine, Gabapentin, Lidocaine, Prilocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: On page 113 of the Chronic Pain Medical Treatment Guidelines, the following is stated: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines further state that if one drug or drug class of a compounded formulation is not recommended, then the entire compounded formulation is not recommended. Therefore, the request for this specific topical compound, which has a component of gabapentin, is recommended as not medically necessary. The Chronic Pain Medical Treatment Guidelines further specify that if one drug or drug class of a compounded formulation is not recommended, then the entire formulation is not recommended. Therefore, this entire compounded formulation is not medically necessary.