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| Case Number: | CM15-0130182 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 06/12/2007 |
| Decision Date: | 08/19/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 67-year-old male injured worker suffered an industrial injury on 06/12/2007. The diagnoses included lumbago, lumbar, thoracic radiculitis, and lumbosacral disc degeneration. The treatments included medications. On 2/26/2015, the treating provider reported continued pain in the low back and right leg. He stated the medications were helping somewhat with no side effects. The pain was rated 7/10 with medications. On exam, the cervical spine was tender. The lumbar spine was tender at the facet joint with decreased range of motion. It was not clear if the injured worker had returned to work. The requested treatments included Gabapentin 100% Compound Cream and Orphenadrine Citrate 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100% Compound Cream #240: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines for topical analgesics were recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not FDA approved for topical use. Therefore, Gabapentin 100% Compounded cream was not medically necessary.

Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided indicated this medication was in use for at least 2 years. There was no evidence of an acute condition or an acute exacerbation. There was no evidence of muscle spasms or any evidence of prior benefit. Therefore, Orphenadrine Citrate was not medically necessary.