

Case Number:	CM15-0143514		
Date Assigned:	08/04/2015	Date of Injury:	06/18/2013
Decision Date:	09/09/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/23/2015

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, Hawaii

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:

This 42-year-old woman sustained an industrial injury on 6-18-2013. The mechanism of injury is not detailed. Diagnoses include lumbar spine sprain-strain. Treatment has included oral medications. Physician notes dated 5-4-20125 show complaints of persistent lumbar spine pain rated 6 out of 10. Recommendations include physiotherapy, Flexeril, Prilosec, Naproxen, Tramadol, physical therapy, home exercise program, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/gabapentin/baclofen/lidocaine/cyclobenzaprine (5/10/15):

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: The patient presents with pain affecting the low back. The current request is for Retrospective Flurbiprofen/Gabapentin/baclofen/Cyclobenzaprine (5/10/15). The requesting

treating physician report was not found in the documents provided for review. The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "There is no evidence for use of any other muscle relaxant as a topical product." The MTUS guidelines further state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Cyclobenzaprine and Gabapentin are not recommended as a topical product by the MTUS guidelines. Furthermore, since Cyclobenzaprine and Gabapentin are not recommended, the requested topical compound is not recommended. Additionally, the current request does not specify a quantity of the topical compound to be prescribed to the patient and the MTUS guidelines do not support an open-ended request. The current request is not medically necessary.