

Case Number:	CM15-0163076		
Date Assigned:	08/31/2015	Date of Injury:	05/04/2011
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/19/2015

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: Preventive Medicine, Occupational 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 30 year old male injured worker suffered an industrial injury on 5-4-2011. The diagnoses included cervical, thoracic and lumbar musculoligamentous strain-sprain with radiculitis, cervical and lumbar disc protrusion. The treatment included chiropractic therapy and medication. The diagnostics included cervical and lumbar magnetic resonance imaging. On 7-16-2015, the treating provider reported neck pain rated as 5 out of 10 which had increased from 2 out of 10 from last visit along with lower back pain of 7 out of 10 from 5 out of 10 from the last visit. On exam, there was cervical and lumbar tenderness with limited range of motion. The straight leg raise was positive bilaterally. It was not clear if the injured worker had returned to work. The requested treatments included Gabapentin 10%/Cyclobenzaprine 6%/ Tramadol 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacloctram cream (Gabapentin 10%/Cyclobenzaprine 6%/ Tramadol 10%) 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines and ODG do not specifically address the use of topical tramadol. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Gabacyclotram cream (Gabapentin 10%/Cyclobenzaprine 6%/ Tramadol 10%) 180gm is determined to not be medically necessary.