

Case Number:	CM15-0164760		
Date Assigned:	09/02/2015	Date of Injury:	11/18/2013
Decision Date:	10/05/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

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 44 year old male, who sustained an industrial injury on November 18, 2013. He reported pain in his lumbar spine and right medial knee. The injured worker was currently diagnosed as having sprain and strain of lumbar spine with right lower extremity radiculopathy, erectile dysfunction, evidence of underlying herniated disc at L4-L5, sprain and strain of right leg and sleep disturbance. Treatment to date has included diagnostic studies, epidural steroid injections, medication, interferential unit, acupuncture, and chiropractic treatment. He reported medication, the interferential unit and acupuncture treatment to be helping his symptoms. On May 15, 2015, the injured worker complained of low back pain radiating to the legs with associated numbness and weakness. He also reported headache, erectile dysfunction, difficulty falling asleep, daytime sleepiness, disruption in sleep-wake schedule, depression, loss of memory and anxiety. The treatment plan included medications, acupuncture, chiropractic treatment, referral to a urologist, home exercises and an interferential unit. A request was made for Gabacyclotram 180 mgs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacyclotram 180 mgs: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in November 2013 and continues to be treated for headaches and radiating back pain. When seen, he was using an interferential unit at home and acupuncture treatments had helped. Physical examination findings included a BMI of over 38. There was lumbar spine and right medial knee joint tenderness. There was radiating pain with palpation over the right sciatic notch. McMurray's testing was positive. There was decreased lower extremity sensation. Topical compounded cream is being requested. In terms of the compounded medication being prescribed, Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. There is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested compounded medication was not medically necessary.