

Case Number:	CM15-0185214		
Date Assigned:	09/25/2015	Date of Injury:	03/08/2013
Decision Date:	11/03/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

Certification(s)/Specialty: Family Practice

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 37 year old female with a date of injury on 03-08-2015. The injured worker is undergoing treatment for recurrent disc rupture L4-5 with radiculopathy in both lower extremities, right worse than left, and status post lumbar laminectomy, discectomy L4-5 on 07-08-2014. A physician progress note dated 07-17-2015 documents the injured worker complains of ongoing low back pain that comes on with coughing, sneezing and other Valsalva type maneuvers. She has tenderness at or about L4-5, and L5-S1 level. Neuro status appears to be stable. She has been on oral analgesics and has not been tolerating them well. Treatment to date has included diagnostic studies, medications; status post lumbar laminectomy, discectomy, physical therapy, aquatic therapy, lumbar traction base, and sacroiliac block with limited if any improvement. The Request for Authorization dated 07-31-2015 includes Cyclobenzaprine-Lidocaine 10-2% 150gm, and Gabapentin-Amitriptyline-Capsaicin 10-5-0.025% 150gm. On 08-29-2015 Utilization Review non-certified the request for Cyclobenzaprine-Lidocaine 10-2% 150gm, and Gabapentin-Amitriptyline-Capsaicin 10-5-0.025% 150gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gaba/Amitrip/Caps 10/5/0.025% 150gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical gabapentin is not recommended and there is no peer-reviewed literature to support use. The request for Gaba/Amitrip/Caps 10/5/0.025% 150gm is not medically necessary and appropriate.

Cyclo/Lido 10/2% 150gm: 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: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the MTUS guidelines, the FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In addition, there is no evidence for use of muscle relaxant such as cyclobenzaprine as a topical product. The request for Cyclo/Lido 10/2% 150gm is not medically necessary and appropriate.