

Case Number:	CM15-0187992		
Date Assigned:	09/29/2015	Date of Injury:	05/20/2014
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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: North Carolina

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 48 year old female, who sustained an industrial-work injury on 5-20-14. She reported initial complaints of low back pain. The injured worker was diagnosed as having possible lumbar discogenic pain, lumbar sprain-strain, lateral lumbar facet pain L3-4 and L4-5, and stress syndrome. Treatment to date has included medication, acupuncture (23 sessions), diagnostics, and lumbar brace. MRI results were reported on 8-15-14 of the lumbar spine that revealed disc desiccation at L3-4, reduced disc height at L3-4, and L4-5, Schmorl's nodes at L3-4, at L3-4 diffuse disc protrusion with effacement of the thecal sac, neuroforaminal narrowing that effaces the left and right L3 exiting nerve roots, L4-5 central disc protrusion and facet hypertrophy causing bilateral neuroforaminal stenosis that encroaches left and right L4 exiting nerve roots. Currently, the injured worker complains of same symptoms of report of 2-6-15 that included constant low back pain that was intermittent, radiating up the mid back and neck with axial type low back pain ranging 8-10 out of 10. Pain was limiting ADL's (activities of daily living), social activities and work activities. Meds included Ibuprofen, Prilosec, Flexeril, Norco 7.5-325 mg and topical cream. Per the primary physician's progress re-evaluation report on 7-30-15, exam notes the injured worker can walk on toes and heels painful, no tenderness in upper or lower extremities, sensory exam, motor exam, and reflexes are all normal. Current plan of care includes medication. The Request for Authorization requested service to include Ultraflex-G (Gabapentin 10%/cyclobenzaprine 6%/Tramadol 10%) Apply BID/TID. The Utilization Review on 8-26-15 denied the request for Ultraflex-G (Gabapentin 10%/cyclobenzaprine 6%/Tramadol 10%) Apply BID/TID, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultraflex-G (Gabapentin 10%/cyclobenzaprine 6%/Tramadol 10%) Apply BID/TID:
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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below; Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (cyclobenzaprine and tramadol), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.