

Case Number:	CM15-0205486		
Date Assigned:	10/22/2015	Date of Injury:	08/30/2013
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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:

The injured worker is a 35-year-old male who sustained an industrial injury on 8-30-2013 and has been treated for lumbar facet hypertrophy, radiculopathy and herniated nucleus pulposus; and, neck pain with cervical radiculopathy. On 9-11-2015 the injured worker reported aching, stabbing low back pain with 90 percent of the pain on the right. Pain rating was noted to be between 8-9 out of 10 and it was characterized as burning, numbness and tingling from radiation in to the right lower extremity. He also reported spasms, especially with extension. Additionally, the injured worker reported burning, left-sided neck pain radiating to the shoulder and down to the hands and fingertips. This was rated as 7 out of 10. Objective examination revealed mild antalgic gait with cervical and lumbar range of motion documented to be below "normal range." Decreased sensation was noted over the right L3-5 and C6-7 dermatomes. Documented treatment includes 15 sessions of physical therapy, 6 sessions of acupuncture, 2 epidural injections, Flexeril, Capsaicin cream "helping to improve movement and level of function," Advil providing "mild relief," Norco "good relief," and, Tramadol with "Minimal relief and nausea." On 9-11- 2015 he was prescribed Gabapentin and Nabumetone. He is noted to have been prescribed Cyclobenzaprine-Gabapentin-Amitriptyline cream since at least 4-28-2015, but response and rationale are not evident in the provided documentation. The treating physician is anticipating a micro-lumbar decompression on the right at L5-S1. A request has been submitted for Cyclobenzaprine-Gabapentin-Amitriptyline cream which was denied on 10-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Gabapentin/Amitriptyline: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Cyclobenzaprine/Gabapentin/Amitriptyline. Regarding compounded topical analgesics MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. Furthermore, the current request does not specify a quantity of the medication to be prescribed and the MTUS guidelines do not support an open ended request. The current request is not medically necessary.