

Case Number:	CM15-0024443		
Date Assigned:	02/17/2015	Date of Injury:	04/09/2010
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 52 year old male who sustained a work related injury April 9, 2010, described as continuous trauma. While working on a camera car filming, he stood up and the driver slammed on the brakes and he went backwards striking the back of his head and neck against a camera pole and then went forward striking his knee against another pole. According to a primary treating physician's progress report dated December 19, 2014 the injured worker presented with complaints of constant neck pain radiating to the bilateral upper extremities 9/10 with numbness and tingling. Also there is constant pain in the low back and right knee both rated 9/10. The cervical range of motion; flexion 35 degrees, extension 40 degrees, right and left rotation 60 degrees and right and left lateral flexion 30 degrees; lumbar range of motion; flexion 25 degrees, extension 5 degrees, right and left lateral flexion 10 degrees; and right knee range of motion flexion 110 degrees and extension is 0. Diagnoses are documented as cervical radiculopathy; s/p cervical spine surgery x 2; lumbar disc protrusion; right knee chondromalacia patella and sleep apnea. Treatment plan included prescriptions for medications; internal medicine evaluation for possible hernia, and continue home exercise program. According to utilization review dated January 23, 2015, the request for Gabacyclotram 180gm: Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10% apply a thin layer to affected area 2-3 times as needed for pain and inflammation is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacyclotram 180gm: Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended as a topical analgesic. Therefore, topical analgesic Compound: Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 5%, Tramadol) #180gm is not medically necessary.