

Case Number:	CM15-0212429		
Date Assigned:	11/02/2015	Date of Injury:	09/06/2006
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/28/2015

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, 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 67 year old female, who sustained an industrial injury on 9-6-06. The injured worker was diagnosed as having cervical radiculopathy; HNP cervical; lumbar sprain strain; HNP lumbar; probable radiculopathy lower extremities; bilateral tardy ulnar nerve palsy; bilateral carpal tunnel syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-22-15 indicated the injured worker complains of neck pain radiating to the bilateral hand; low back pain radiating to the bilateral legs. The low back pain is documented by the provider as "low back pain is 50% less after the LINT therapy treatment." The provider also submitted a separate physical examination form for this date of service. He notes a pain rating for the right as "9 out of 10" currently and at its worst the pain is "10 out of 10" and at its best is a 5-6 out of 10". A diagram on this form indicates left shoulder and neck and back pain. No other documentation was offered for a physical examination on the injured worker on this date. The treatment plan includes a request for an injection into the bilateral lateral epicondyle, lumbar spine brace, bilateral tennis elbow strap, MRI of the cervical and lumbar spine, EMG-NCV results for review and topical anti-inflammatory cream. PR-2 notes dated 8-17-15; 6-10-15 indicates the injured worker was prescribed an anti-inflammatory cream and neuropathic pain compound. A Request for Authorization is dated 10-20-15. A Utilization Review letter is dated 10-13-15 and non-certification for Compound Gabapentin- Cyclobenzaprine-PCCA Lipdo-Tramadol. A request for authorization has been received for Compound Gabapentin-Cyclobenzaprine-PCCA Lipdo-Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Gabapentin/Cyclobenzaprine/PCCA Lipdo/Tramadol: 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of most of these agents. Further, compounded products that contain at least one drug (or drug class) that is not recommended is not recommended. Topical agents are not indicated unless there has been a failure or intolerance of first-line oral agents (anti-depressants, anticonvulsants). In this case, there is no evidence of trial and failure of first line oral agents. In addition, Gabapentin and Cyclobenzaprine are specifically not recommended for topical use, therefore the compounded product is not recommended and as such is not medically necessary or appropriate.