

Case Number:	CM15-0030661		
Date Assigned:	02/24/2015	Date of Injury:	04/10/2003
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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 49 year old female, who sustained an industrial injury on April 10, 2003. She has reported back and knee pain. The diagnoses have included failed back syndrome, lumbar spine radiculopathy, and spasms of the muscles. Treatment to date has included medications, surgery, use of a cane, and imaging studies. A progress note dated January 15, 2015 indicates a chief complaint of continued back pain with radiation to the bilateral legs, knee pain, and right thigh numbness. Physical examination showed right lumbar spine tenderness, decreased range of motion of the lumbar spine, and muscle spasms. The treating physician requested prescriptions for Gabapentin, Hydrocodone, Relyyks patches and GLFCMK compound cream. On February 11, 2015 Utilization Review certified the request for prescriptions for Gabapentin and Hydrocodone and denied the request for prescriptions for Relyyks patches and GLFCMK compound cream citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 19, 2015, the injured worker submitted an application for IMR of a request for prescriptions for Relyyks patches and GLFCMK compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relyyks patch with Lidocaine 4%, Menthol 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient receives treatment for chronic low back pain with radiation to the lower extremities, knee pain, and thigh numbness. Relyyks patch contains Lidocaine and menthol. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Lidocaine may be medically indicated to treat peripheral neuropathy if a tricyclic, SNRI, or AED has been tried and failed. Lidocaine when applied in the form of Lidoderm patch may be indicated to treat post-herpetic neuralgia. This patient does not have either of these two diagnoses. Menthol is not medically indicated to treat chronic pain. Relyyks patch is not medically indicated.

GLFCMK compound cream #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: This patient receives treatment for chronic low back pain with radiation to the lower extremities, knee pain, and thigh numbness. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. GLFCMK compounded cream #2 contains gabapentin and cyclobenzaprine. Gabapentin is an anti-epileptic drug. AEDs are not medically indicated to treat chronic pain in its topical form. Cyclobenzaprine is a muscle relaxer. No muscle relaxer is medically indicated to treat chronic pain in its topical form. GLFCMK is not medically indicated.