MAXIMUS Federal Services

Case Number:	CM15-0030961		
Date Assigned:	02/24/2015	Date of Injury:	04/09/2014
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
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: 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 was a 58 year old male, who sustained an industrial injury, April 9, 2014. According to progress note of January 12, 2014, the injured workers chief complaint was neck, bilateral shoulders and back pain. The pain in the neck and shoulders was constant with intermittent pain to the back. The pain was aggravated by lifting, activities using the hands, balance, stair climbing and activities using the feet. The injured worker was diagnosed with lumbar discogenic and cervical discogenic pain. The injured worker previously received the following treatments toxicology laboratory studies. The documentation provided did not support the injured worker was using the Ultraflex-G (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) cream. The primary treating physician requested denied authorization for prescription for Ultraflex-G (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%).On January 21, 2015, the Utilization Review denied authorization for prescription for Ultraflex-G (Gabapentin 10%/ Cyclobenzaprine 6%/Tramadol 10%). The denial was based on the MTUS/ACOEM and ODG guidelines.

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%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back Chapter, Corticosteroids (Oral/ Parenteral/ IM for Low Back Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Topical analgesics.

Decision rationale: The patient presents with unrated constant neck and bilateral shoulder pain, pain and burning sensation in the upper chest, and lower back pain which radiates into the bilateral lower extremities. The patient's date of injury is 04/09/14. Patient has no documented surgical history directed at this complaint. The request is for ULTRAFLEX-G -GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10%. The RFA was not provided. Physical examination findings were not included with the only progress note provided, which was dated 12/01/14. The majority of the records provided are blank pages, urine toxicology reports, handwritten prescription notes, and RFA's for unrelated treatments. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient is not currently working. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis... Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. ODG-TWC guidelines, Pain Chapter online for Topical analgesics states: Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. MTUS guidelines on page 111, state that Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In regards to the requested compounded topical cream containing Gabapentin, Cyclobenzaprine, and Tramadol, the cream contains ingredients which are not supported by MTUS guidelines as topical agents. Gabapentin, Cyclobenzaprine, and Tramadol are not supported as topical agents owing to lack of evidence supporting their efficacy. Furthermore, the treater has not specified where the requested cream is to be applied. Therefore, the request IS NOT medically necessary.