

Case Number:	CM15-0047192		
Date Assigned:	03/19/2015	Date of Injury:	04/11/2012
Decision Date:	04/20/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66-year-old female, who sustained an industrial injury on April 11, 2012. The injured worker was diagnosed as having myoligamentous strain of the lumbar spine, chronic left patellar tendinosis, patellofemoral malalignment, residual muscle weakness and atrophy and bilateral wrist sprain. Treatment to date has included physical therapy, surgical consultation and medications. Currently, the injured worker complains of continued left knee pain and low back pain with radiation into the right buttock. She reports the low back pain is improved when taking Tramadol. The injured worker walks with an antalgic gait and she has tenderness to palpation of the lumbar spine and full range of motion. Her knees are tender over the patella and peripatellar regions and she has weakness with range of motion. The treatment plan is continued physical therapy, knee brace and imaging of the left knee. The evaluating physician refilled her Ultracet, omeprazole and cyclobenzaprine 10%/gabapentin 5%/lidocaine 5%/capsaicin 0.025 % transdermal cream for targeted pain relief with reduced side effects associated with oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, capsaicin 0,025%, Transdermal cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for left knee pain. Treatments have included oral medications, physical therapy, surgical evaluation, and the use of a knee brace is being recommended. In terms of topical treatments, oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the requested compounded medication was not medically necessary.