

Case Number:	CM15-0051687		
Date Assigned:	03/25/2015	Date of Injury:	05/03/2011
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/18/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 38-year-old male who sustained an industrial injury on 05/03/2011. Current diagnoses include lumbosacral spondylosis, post laminectomy, and neuralgia neuritis. Previous treatments included medication management, back surgery, physical therapy, chiropractic therapy, hypnosis, hydrotherapy, yoga, nerve blocks, massage, and exercise. Initial complaints included low back pain and leg pain. Report dated 01/13/2015 noted that the injured worker presented with complaints that included low back pain and leg pain with numbness and tingling. Pain level was rated as 7 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included medication refills, request for chiropractic and acupuncture and follow up in 4 weeks. Disputed treatments include retrospective gabapentin powder 12 gm date of service 1/31/13 and retrospective cyclo-benzaprine powder 12 grams date of service 1/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin powder 12 gm date of service 1/31/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49, Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 18-19,111-112.

Decision rationale: This medication is a topical preparation of gabapentin. Gabapentin is an anti-epileptic medication. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, has been considered as a first-line treatment for neuropathic pain, and has FDA approval for treatment of post-herpetic neuralgia. In this case it is requested as a topical agent. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Gabapentin is not recommended as a topical agent. There is no peer-reviewed literature to support use. Gabapentin powder is not recommended. The request should not be authorized.

Retrospective Cyclobenzaprine powder 12 grams date of service 1/31/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 49,Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

Decision rationale: This medication is a topical preparation of cyclobenzaprine. Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. In this case it is requested as a topical analgesic. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine powder is not recommended. The request should not be authorized.