

Case Number:	CM15-0052760		
Date Assigned:	03/26/2015	Date of Injury:	09/11/2012
Decision Date:	05/05/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 09/11/2012. She reported repetitive type injury from lifting boxes resulting in lower back discomfort, bilateral hip pain and right knee discomfort, as well as report of cumulative trauma. Diagnoses include lumbar strain, bilateral knee sprain, bilateral ankle sprain, and constipation. Treatments to date include medication therapy, epidural injection. Currently, she had multiple complaints including bilateral knee, ankle and low back pain rated 8-9/10 VAS at worst. On 2/4/15, the physical examination documented a positive straight leg raise test with sensation differences noted below the knees. The right knee was noted to have mild swelling and tenderness with full range of motion. The plan of care included continuation of the topical compound cream as ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

GLFCMK cream (gabapentin 10%, lidocaine 10%, flurbiprofen 2%, cyclobenzaprine 2%, menthol 1%, ketamine 1%, ultra derm) #60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-114.

Decision rationale: According to the MTUS section on chronic pain, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the topical analgesic cream contains gabapentin which is not medically necessary.