

Case Number:	CM15-0060385		
Date Assigned:	04/06/2015	Date of Injury:	10/29/1995
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 female, who sustained an industrial injury on October 29, 1995. She reported pain in the neck and shoulder. The injured worker was diagnosed as having cervicogenic headaches, total body pain, rule out myofascial pain syndrome, severe emotional factors and severe social stressors. Treatment to date has included diagnostic studies, trigger point injections, conservative care, medications and activity modifications. Currently, the injured worker complains of sleep disruptions secondary to pain, neck pain and shoulder pain. The injured worker reported an industrial injury in 1995, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted trigger point injections provided temporary pain relief. She required medications to maintain function. Evaluation on November 20, 2104, revealed continued pain. A retrospective payment for topical pain medication was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin powder 23gms & Cyclobenzaprine 12gms, DOS: 11/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are 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. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other anti-epilepsy drug as a topical product. There is no evidence for use of a 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. Medical records indicate a history of cervicogenic headaches, total body pain, and myofascial pain. MTUS guidelines do not support the use of topical products containing Gabapentin. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical product containing Gabapentin and Cyclobenzaprine is not supported by MTUS. Therefore, the request for topical Gabapentin and Cyclobenzaprine is not medically necessary.