

Case Number:	CM15-0081490		
Date Assigned:	05/04/2015	Date of Injury:	09/28/2013
Decision Date:	06/03/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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 35 year old, female who sustained a work related injury on 9/28/13. The diagnoses have included cervical spine strain/sprain, cervical spine radiculopathy, thoracic spine strain/sprain, lumbar spine strain/sprain, lower extremity radiculitis and anxiety disorder. The treatments have included oral medications, topical medicated creams, biofeedback therapy, and psychotherapy. In the PR-2 dated 1/10/15, the injured worker complains of constant, moderate to severe burning, radicular neck pain with muscle spasms. She rates this pain level at 7/10. She has pain with associated with numbness and tingling of both arms. She complains of burning, radicular mid back pain with muscle spasms. She rates this pain level at a 7/10. She complains of constant, moderate to severe, burning, radicular low back pain with spasms. She rates this pain level at a 7/10. She has associated numbness and tingling in both legs. The treatment plan is a refill of medicated creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin compound 180 grams: Vesapro cream (132 grams), Amitriptyline powder (18 grams), Cyclobenzaprine powder (3.6 grams), Gabapentin powder (27 grams): 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. There is no evidence for use of a muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug 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 neck and back complaints. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. MTUS guidelines do not support the use of topical products containing Gabapentin. 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 compounded topical product containing Gabapentin and Cyclobenzaprine is not supported by MTUS. Therefore, the request for topical compound Gabapentin, Amitriptyline, Cyclobenzaprine, Versapro cream is not medically necessary.

Gabapentin compound 180 grams: Capsaicin powder (0.50 grams), Flurbiprofen powder (27 grams), Gabapentin powder (18 grams), Menthol crystals (3.6 grams), Camphor crystals (3.6 grams), Versapro cream (128 grams): 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 antiepilepsy drug 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 neck and back complaints. MTUS guidelines do not support the use of topical products containing Gabapentin. 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 compounded topical product containing Gabapentin and is not supported by MTUS. Therefore, the request for topical compound Gabapentin, Capsaicin, Flurbiprofen, Menthol, Camphor, Versapro cream is not medically necessary.

