

Case Number:	CM15-0084229		
Date Assigned:	05/06/2015	Date of Injury:	07/27/2012
Decision Date:	06/15/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/04/2015

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 52-year-old female, who sustained an industrial injury on June 27, 2012. She reported low back pain with radiating pain, tingling and numbness to the right lower extremity. The injured worker was diagnosed as having status post lumbar laminectomy, fusion and discectomy, herniation of nucleus pulposus, lumbar spine sprain/strain, neuralgia, neuritis and radiculitis. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the lumbar spine, infrared therapy, TENS unit, massage, exercises, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued low back pain with associated pain, tingling and numbness in the right lower extremity. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 3, 2014, revealed continued pain as noted. Evaluation on December 4, 2014, revealed she was six months post-operative and had improved back pain with continued right lower extremity radicular symptoms. Computed tomography performed on November 11, 2014, revealed normal hardware placement and some lateral recess stenosis. An updated magnetic resonance image of the lumbar spine was recommended. Urinary drug screen on January 6, 2015, revealed appropriate results. A compound pain cream was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream: Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor
10%/2%/0.5%/0.025%/10%/5% quantity 120: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in June 2012 underwent a lumbar decompression and fusion in May 2014. When seen, she was having low back pain and radiating right leg symptoms. Naprosyn, Norco, and compounded topical cream were being prescribed. She was referred for further evaluation by her neurosurgeon at medications were refilled. 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. However, its use as a topical product is not recommended. 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, this medication was not medically necessary.