

Case Number:	CM14-0119978		
Date Assigned:	08/08/2014	Date of Injury:	03/03/2013
Decision Date:	10/14/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old male who sustained an injury on 3/3/13. As per the report of 5/2/14, the patient complained of continuous sharp pain in the low back radiating to the bilateral hips and bilateral gluteus. The pain was rated at an 8/10. He also complained of bowel problems. Lumbar MRI done on 12/21/13 showed bilateral nerve root impingement, bulges and stenosis from L1-S1 at every level. He had right leg pain with findings of a positive bilateral SLR and bilateral L5-S1 motor and sensory loss. Lumbar spasms were noted on the exam. Lumbar ROM revealed flexion at 60 degrees, extension at 10 degrees, and lateral bending at 15 degrees bilaterally. As per the report of 5/2/14, current medications included Tramadol, Benazepril and Naproxen. He had been prescribed cyclobenzaprine HCL 7.5mg; tramadol HCL ER 150mg; naproxen sodium 550mg; pantoprazole sodium DR 20mg; Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10%,; and Flurbiprofen 20%, Tramadol 20%, and Cyclobenzaprine 4%. Past treatments have included x-rays, physical therapy which consisted of electrical stimulation, massage, exercises and heat packs, and four injections which provided temporary benefit. He had urine toxicology on 5/2/14. Diagnosis: lumbar spine sprain/strain rule out disc pathology. The request for Compound cream; Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10%, Flurbiprofen 20%, Tramadol 20%, and Cyclobenzaprine 4% was denied on 7/4/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream; Gabapentin 10%, Dextromethorphan 10%, Amitriptyline 10%, Flurbiprofen 20%, Tramadol 20%, and Cyclobenzaprine 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the guidelines, Gabapentin, tramadol, Amitriptyline and cyclobenzaprine are not recommended for topical application. There is no peer-reviewed literature to support their use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.