

Case Number:	CM14-0125646		
Date Assigned:	08/13/2014	Date of Injury:	09/14/2010
Decision Date:	10/17/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/07/2014

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 & Rehabilitation, has a subspecialty in 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 male who reported an injury on 08/12/2010; his date of birth was not provided. The mechanism of injury was a fall. He was diagnosed with status post right elbow fracture, status post right elbow ORIF olecranon, status post right elbow removal of hardware, status post right cubital tunnel exploration, status post right ulnar nerve complete transection in the region of the cubital tunnel, right upper extremity ulnar palsy with atrophy, and status post right cubital tunnel neurolysis. On 04/24/2014, the injured worker presented with complaints of right elbow pain, numbness in the right ring and small fingers, and pain and numbness in the left leg. His medications were not noted. The treatment plan included a pain management consultation. A request was received for medication cyclobenzaprine/gabapentin topical compounded medication (date of service 04/28/2014). A clear rationale for this request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for medication Cyclobenzaprine/Gabapentin topical compounded medication DOS 4-28-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded topical product that contains at least 1 drug that is not recommended, is not recommended. In regard to cyclobenzaprine, the guidelines state that there is no evidence for the use of muscle relaxants as topical products. In regard to gabapentin, the guidelines state there is no peer reviewed literature to support topical use of this medication. The clinical information submitted for review indicated that the injured worker had neuropathic pain. However, there was no documentation showing that he tried and failed an adequate course of antidepressants and anticonvulsants. Additionally, the requested compound contains cyclobenzaprine and gabapentin, which are not supported for topical use at this time. Therefore, the topical product containing these agents is also not supported. As such, the request is not medically necessary.