

Case Number:	CM14-0129159		
Date Assigned:	08/25/2014	Date of Injury:	10/09/2013
Decision Date:	09/29/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 34-year-old male with a 10/9/13 date of injury. At the time (6/17/14) of the request for authorization for compound: Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.375% 120gm, there is documentation of subjective (continuous pain in the lower back, with pain radiating to his bilateral lower extremities, episodes of numbness and tingling in his bilateral lower extremities) and objective (paraspinal spasms and tenderness to palpation of the lumbar paravertebral musculature, positive sciatic notch tenderness bilaterally, diminished sensation to light touch over the posterior calf, 4/5 strength in the L4, L5, and S1 bilaterally) findings, current diagnoses (spondylosis, disc herniation, central stenosis lateral recess stenosis, and neuroforaminal stenosis at L4-L5 and L5-S1 with bilateral lower extremity radiculopathy), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND: GABAPENTIN 10% CYCLOBENZAPRINE 10% CAPSAICIN 0.375% 120GM: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain with C4 spurring, right shoulder post-traumatic arthrosis of the acromioclavicular joint, rule out rotator cuff tear, and lumbar sprain/strain with L5-S1 degenerative joint disease. However, the requested compound: Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.375% 120gm contains at least one drug (Cyclobenzaprine and Gabapentin) that is not recommended. The request for compound: Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.375% 120gm is not medically necessary.