

Case Number:	CM14-0138684		
Date Assigned:	09/05/2014	Date of Injury:	02/28/2009
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/27/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 67 year old male with a 2/28/2009 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/10/14 noted subjective complaints of neck, shoulder, wrist, back, and knee pain. Objective findings included cervical, lumbar, and shoulder tenderness and decreased ROM. Diagnostic Impression: cervical strain, lumbar strain
Treatment to Date: medication management
A UR decision dated 8/13/14 denied the request for Tramadol/Gabapentin/Menthol/Camphor/ Capsaicin/Flurbiprofen/Cyclobenzaprine (duration unknown and frequency unknown). The guidelines specifically recommend against the use of topical gabapentin and cyclobenzaprine. Any compounded product that contains at least one drug that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Gabapentin/Menthol/Camphor/Capsaicin, Flurbiprofen /Cyclobenzaprine (duration unknown and frequency not specified) Compound: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not recommend the use of Gabapentin or Cyclobenzaprine for topical applications. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Additionally, the quantity and frequency are not specified. Therefore, the request for Tramadol/Gabapentin/Menthol/Camphor/Capsaicin/Flurbiprofen/Cyclobenzaprine (duration unknown and frequency unknown) is not medically necessary.