

Case Number:	CM14-0149006		
Date Assigned:	09/18/2014	Date of Injury:	04/11/2010
Decision Date:	11/13/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/12/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 patient is a 46 year old female who was injured on 4/11/2010. The diagnoses are lumbar radiculopathy, left hip bursitis, left knee and ankles pain. The past surgery history is significant for arthroscopic chondroplasty of the left knee and left ankle surgery. On 7/16/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities. There was objective findings of antalgic gait, positive straight leg raising and decreased sensation along the L5 dermatomes. [REDACTED] and [REDACTED] handwritten notes did not contain more details. The medications are Naproxen for pain and Omeprazole for the prevention of NSAIDs induced gastritis and Cyclobenzaprine for muscle spasm. A Utilization Review determination was rendered on 8/6/2014 recommending non-certification for compound Gabapentin 10% / Cyclobenzaprine 1% / Lidocaine 5% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Compound Gabapentin 180gm 10% Cyclobenzprine 1% Lidocaine 5%:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical compound Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound preparations can be utilized as a second line option for the treatment of neuropathic pain when anticonvulsants and antidepressant medications are ineffective or cannot be tolerated. It is recommended that topical medications be used as monotherapy for better evaluation of efficacy. The records did not show that the patient cannot tolerate oral gabapentin, an anticonvulsant. The patient is also utilizing oral cyclobenzaprine. There is lack of guideline or FDA support for the use of Gabapentin or Cyclobenzaprine in topical formulations. Therefore the request is not medically necessary.