

Case Number:	CM14-0163487		
Date Assigned:	10/08/2014	Date of Injury:	10/31/2005
Decision Date:	11/07/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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:

Patient is a 74 year-old male with date of injury 10/31/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/04/2014, lists subjective complaints as pain neck pain with radicular symptoms to the left upper extremity. Objective findings: Patient's gait was mildly antalgic. Tenderness to palpation of the cervical and thoracic spine with spasms appreciated into the right side. Diminished sensation to the right C5 and C6 dermatomes and hyperesthesia's of the L4, L5, and S1 dermatomes. Bilateral deltoid and biceps were 4+/5. Bilateral internal rotation, external rotation, and triceps were 5-/5. Diagnosis: Chronic neck, mid back, and low back pain 2. Cervical radiculopathy. First reviewer modified the medication request to a) Gabapentin 600 mg, #14 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as July, 2014. Medications: 1. Gabapentin 600mg, #60 SIG: PO twice a day 2. CM4-caps 0.05% and Cyclo 4% SIG: topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin is not medically necessary.

CM4 caps 0.05% and Cyclo 4%: Upheld

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

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

Decision rationale: CM4 caps 0.05% and Cyclo 4% is a compounded medication containing Capsaicin and Cyclobenzaprine. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. CM4 caps 0.05% and Cyclo 4% is not medically necessary.