

Case Number:	CM14-0098860		
Date Assigned:	07/28/2014	Date of Injury:	04/29/2009
Decision Date:	10/01/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in California and Washington. 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 54 year old male who reported an injury on 04/29/2009; the mechanism of injury was not provided. Diagnoses included dynamic instability at L4-L5 and spondylolisthesis with instability at L4-L5. Past treatments included acupuncture, chiropractic manipulation, TENS unit, and medications. An MRI of the lumbar spine was performed on 06/20/2014. The injured worker also had multiple urine drug screens consistent with prescribed medications. Past surgical history was not provided. The clinical note dated 07/11/2014 indicated the injured worker complained of increased low back pain and spasms, numbness in the left arm and hand, and inflamed and bloated stomach. He rated his pain 7/10 at rest and 10/10 with activity. Physical exam revealed positive bilateral straight leg raise, decreased strength in bilateral lower extremities, and tenderness to palpation in the lumbar spine. Medications included Dexilant, Colace, Probiotic, Sentra AM, Sentra PM, and a compounded topical cream consisting of Flurbiprofen 20%, Tramadol 20%, Gabapentin 10%, Amitriptyline 10%, and Dextromethorphan 10%. The treatment plan included a compound Gabacyclotram 180 mgs consisting of Gabapentin 10%, Cyclobenzaprine 6%, and Tramadol 10%. The rationale for treatment and the request for authorization were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabacyclotram 180mgs: Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that gabapentin is not recommended as there is no peer-reviewed literature to support its use. The guidelines indicate that there is no evidence to support the use of any muscle relaxant as a topical product. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. The request is for a cream compounded with three components which are not recommended. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. The submitted request does not include indicators of location and frequency for use. Therefore the request is not medically necessary.