

Case Number:	CM14-0099665		
Date Assigned:	09/16/2014	Date of Injury:	04/21/2010
Decision Date:	10/15/2014	UR Denial Date:	06/17/2014
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 has a subspecialty in Interventional Spine 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:

The patient is a 53-year-old male with a date of injury of 04/21/2010. The listed diagnoses per [REDACTED] are: 1. Status post L5-S1 anterior and posterior fusion with pseudoarthrosis in the posterior hardware, 04/18/2013. 2. Bilateral lower extremity radicular pain. 3. Status post exploration of fusion, removal of hardware at L5-S1 with possible reinstrumentation at L5-S1 on 03/12/2014. 4. Status post revision surgery at L4-L5 and L5-S1. According to the most recent progress report 04/18/2014, the patient presents with intermittent neck pain with radiation to the bilateral upper extremities with associated stiffness. He also complains of constant low back pain that radiates into the bilateral lower extremities. Examination findings revealed negative straight leg raise and motor examination of the lower extremity is 5/5. There was tenderness to palpation over the lumbar musculature. The treater is requesting topical analgesic cream. Utilization review denied the request on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 00375% cream 120gm: 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 creams Page(s): 111.

Decision rationale: This patient presents with neck and low back pain that radiates into the upper and lower extremities. The treater is requesting a topical analgesic cream that includes gabapentin 10%, cyclobenzaprine 10%, capsaicin 0.0375%. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Cyclobenzaprine and gabapentin are not recommended in any topical formulation. Furthermore, the MTUS Guidelines considers capsaicin doses that are higher than 0.025% to be experimental particularly at high doses. The requested topical cream contains 0.0375% of capsaicin, which is not supported by MTUS therefore the request is not medically necessary.