MAXIMUS Federal Services

Case Number:	CM14-0211797		
Date Assigned:	12/24/2014	Date of Injury:	08/18/2000
Decision Date:	02/20/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 62-year-old male who reported an injury on 04/12/2006 due to an unspecified mechanism of injury. The most recent medical record dated 07/18/2014 shows that the injured worker presented for a followup evaluation regarding his neck and back pain. He rated his pain at a 7/10. His medications were listed as tramadol, hydrocodone, Norco, gabapentin, tizanidine, hydromorphone, fentanyl, morphine sulfate, OxyContin, Percocet, ibuprofen, levothyroxine sodium, and valsartan. He also reported using topical analgesic cream that provided him with moderate pain relief. A physical examination showed that he was in no acute distress, and his vital signs were reviewed and he was afebrile. He was diagnosed with cervicalgia and lumbago. Past treatments included medications and radiofrequency rhizotomy. Documentation regarding diagnostic studies, surgical history, and objective examination findings was not provided. The Request for Authorization form was signed on 11/26/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Lido/Baclofen/Cycloben/Gabapentin 20/2.5/2/2/6%: 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): 111-114.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical gabapentin and cyclobenzaprine are not recommended, as there is no peer reviewed literature to support their use. Based on the clinical documentation submitted for review, the injured worker had reported using a topical cream that provided him with moderate pain relief. However, there is a lack of documentation showing evidence of an objective decrease in pain and an objective improvement in function with use to support its continuation. There is also no documentation that the injured worker has failed recommended oral medications to support the request for a topical analgesic. Furthermore, the requested medication contains baclofen, cyclobenzaprine, and gabapentin, which are not recommended by the guidelines. Moreover, the frequency and quantity of the medication were not provided within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.