

Case Number:	CM14-0212618		
Date Assigned:	12/30/2014	Date of Injury:	08/27/2007
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53-year old male who injured his back at work on 8/27/07. An EMG and nerve conduction study was completed on 6/2/14 with findings of mild right L5-S1 radiculopathy with active denervation changes seen in L5 and S1 paraspinal EMG. Notes from the injured workers primary treating physician from 6/9/14 indicate the injured worker is with increased pain in lower back radiating down right leg to right knee with numbness and tingling of right lower extremity. Upon physical examination it is noted that the injured worker has tenderness with palpation of the supraspinous ligament L5-sacrum and right erector spinae as well as a positive straight leg raise test for both the left (70) and right (50). Current medications for the injured worker include Neurontin 300mg #90 1 tab three times a day, Naproxen 550mg #60 1 tab twice daily, Flexeril 10 mg #30 1 every night, Tramadol 50mg #90 1 tab every 8 hours for pain. On 7/17/14 the injured worker received a Lumbar epidural steroid injection. In a follow up visit with the primary treating physician on 7/30/14 the exam notes show the injured worker free of numbness and tingling and negative for tenderness to palpation. On 10/8/14 and 11/14/14 the injured worker visits the primary treating physician with complaints of neck pain, and radiating pain into right lower extremity to his toes with numbness and tingling. The physical exam notes positive straight leg raise tests for the left (70) and right (45) as well as tenderness to palpation as in his previous 6/9/14 visit. On 11/14/14 the treating physician prescribed transdermal creams, FlurLido-A Cream #240gm apply 2-4 pumps topically 2-3 times a day and UltraFlex-G Cream #240 gm to apply 2-4 pumps topically 2-3 times a day as well as the continuation of his

medications: Tramadol 50mg #90, Norco 10/325mg #30 1 tab every night, Neurontin 300mg #90 1 tab three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

UltraFlex-G Cream (Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10%) #240gm; apply 2-4 pumps (1.0gm-2.0gm) topically 2-3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 75, 78, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines, topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as Lyrica or Neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. In fact, the patient is currently taking oral Gabapentin and Cyclobenzaprine, two of the medications found in this compound agent. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Cyclobenzaprine and Gabapentin are not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time.