

Case Number:	CM14-0091450		
Date Assigned:	07/25/2014	Date of Injury:	03/27/2008
Decision Date:	06/10/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/17/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 44 year old male who sustained an industrial motor vehicle accident injury on 03/27/2008. The injured worker was diagnosed with post cervical laminectomy syndrome, cervical degenerative disc disease, ulnar neuropathy, lumbar degenerative disc disease and chronic pain syndrome. The injured worker is status post a 3 level cervical fusion (no date documented). Treatment to date includes diagnostic testing, surgery, physical therapy, and C6-7 epidural steroid injection in May 2013, H-wave therapy, home exercise program and medications. According to the primary treating physician's progress report on May 30, 2014, the injured worker continues to experience chronic neck pain, right side greater than left with numbness in the right shoulder, elbow and pins and needles in the right hand. The injured worker currently rates his pain level at 8/10 without medications and 5/10 with medications. Examination of the cervical spine demonstrated tenderness over the cervical paraspinal muscles and the facet joints on the right side with decreased range of motion in all planes. Upper extremity strength and sensation were intact bilaterally. Deep tendon reflexes were +1 and symmetrical. Spurling's sign was positive on the right. Current medications are listed as Ibuprofen and Terocin. Treatment plan consists of continuing with H wave and the current request for compounded transdermal pain management containing Diclofenac 3%, Gabapentin 6%, Lidocaine 2/5%, and Tetracaine 2.5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Transdermal Pain Management, Diclofenac 3%, Gabapentin 6%, Lidocaine 2/5%, Tetracine 2.5%: 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 Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." As such, the request for Compounded Transdermal Pain Management, Diclofenac 3%, Gabapentin 6%, Lidocaine 2/5%, Tetracine 2.5% is not medically necessary.