

Case Number:	CM15-0018421		
Date Assigned:	02/06/2015	Date of Injury:	10/29/2012
Decision Date:	05/13/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 40-year-old male, who sustained an industrial injury on October 29, 2012. The injured worker has been treated for low back and left hip complaints. The diagnoses have included displacement of thoracic or lumbar intervertebral disc with myelopathy, lumbar sprain/strain, cervical spine sprain/strain and left hip sprain/strain. Treatment to date has included medications, radiological studies, physical therapy, acupuncture treatments, chiropractic treatments, localized intense neurostimulation therapy and epidural injections. Current documentation dated December 30, 2014 notes that the injured worker reported severe back pain with radiation to the left leg associated with weakness and numbness in the left leg. The pain was rated a seven out of ten on the visual analogue scale. The pain increased with bending and was associated with severe muscle spasms in the lumbosacral musculature. Physical examination revealed sensory loss in the left foot, severe muscle spasms of the lumbosacral musculature and a positive straight leg raise on the left. Range of motion was noted to be painful. The treating physician's plan of care included a request for the compound: Cyclobenzaprine 2%, Gabapentin 15% and Amitriptyline 10% 180gm, apply a thin layer to affected area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180gm, apply a thin layer to affected area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 111-113. Decision based on Non-MTUS Citation Wynn, Barbara. Use of Compound Drugs, Medical Foods, and Co.; RAND Center for Health and Safety in the Workplace, Jan. 2011. Web. 03 Mar. 2011.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 requested medication contains multiple ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.