

Case Number:	CM15-0110148		
Date Assigned:	06/16/2015	Date of Injury:	06/29/2012
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 61-year-old female who sustained an industrial injury on 06/29/2012. Diagnoses include cervical discogenic disease, chronic bilateral wrist pain, bilateral shoulder downsloping acromion, status post anterior and posterior lumbar fusion and right ankle peripheral neuropathy. Treatment to date has included medications, injections, chiropractic treatment, home exercise program, lumbar surgery with post-operative physical/pool therapy and subsequent hardware removal, left ankle tendon surgery and nerve blocks. MRIs, X-rays and electro diagnostic studies were done. According to the Agreed Medical Re-Evaluation dated 3/4/15 the IW reported intermittent neck pain radiating down the bilateral upper extremities with associated numbness and tingling in the hands and fingers. She also reported intermittent bilateral shoulder and wrist pain, low back pain and ankle pain. On examination, the physical findings were remarkable only for reduced range of motion (ROM) of the lumbar spine due to pain, painful ROM of the right ankle and global dysesthesia of the left foot. A request was made for bupivacaine/cyclobenzaprine/ethoxy/gabapentin (transdermal compound), retrospectively for date of service: 03/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupivi/Cycloben/Ethoxy/Gabapentin (Transderm Compounds) Retrospective DOS:
03/27/15: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in June 2012 and continues to be treated for wrist, and neck and low back pain. When seen, there was decreased and painful range of motion with tenderness. Cervical compression and straight leg rising were positive. In terms of topical treatments, cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.