

Case Number:	CM15-0110516		
Date Assigned:	06/17/2015	Date of Injury:	02/14/2013
Decision Date:	07/15/2015	UR Denial Date:	05/18/2015
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 is a 43 year old male who sustained a work related injury February 14, 2013. Past history included diabetes, hypertension, obesity, noise induced hearing loss, right shoulder surgery, and lumbar radiculopathy. A primary physician's progress report, dated April 27, is handwritten and difficult to decipher. A secondary treating physician's report, dated April 18, 2015, finds the injured worker presenting with increased pain in the left ear with diminished hearing loss and increased tinnitus which keeps him from sleeping. An MRI of the inner ear/mastoids was ordered. A secondary physician's progress report, dated March 9, 2015, found the injured worker presenting with constant low back pain radiating to the lower extremities, rated 9/10, with numbness and tingling. He reports his pain level is 8/10 without medication and 4/10 with medication. Objective findings included lumbar range of motion; flexion 30 degrees, extension 5 degrees, right lateral flexion 10 degrees, and left lateral flexion 15 degrees. There is tenderness along the lumbar spine and paravertebral muscles bilaterally. Straight leg raise is positive bilaterally and he ambulates with a mild antalgic gait. Diagnoses are lumbar radiculopathy; lumbar disc protrusion; lumbar spinal stenosis; lumbar facet syndrome. Treatment plan included to continue with home exercise program, compounded topical medication, Terocin patch, and at issue a request for Gabcyclotram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabyclotram 180 gm: 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-related injury in February 2013 and continues to be treated for radiating low back pain. When seen, there was decreased lumbar range of motion with paraspinal muscle tenderness. Straight leg raising was positive and there was an antalgic gait. In terms of the compounded medication being prescribed, 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 postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. There is little to no research to support the use of compounded topical Tramadol. 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. The requested compounded medication was not medically necessary.