

Case Number:	CM15-0112308		
Date Assigned:	06/18/2015	Date of Injury:	08/29/2012
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/10/2015

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 50-year-old male, who sustained an industrial injury on August 29, 2012. He reported a continuous trauma injury of the lumbar spine. The injured worker was diagnosed as having lumbar sprain/strain. Diagnostic studies to date have included an MRI of the lumbar spine and electrodiagnostic studies. Treatment to date has included physical therapy, rest, a cane, and medications including pain, muscle relaxant, sleep, proton pump inhibitor, and non-steroidal anti-inflammatory. On March 26, 2015, the injured worker complains of constant moderate to 7/10 sharp, stabbing low back pain with stiffness and numbness. The physical exam revealed decreased lumbar range of motion. The treatment plan includes Gabapentin/Cyclobenzaprine/Bupivacaine compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin/Cyclobenzaprine/Bupivacaine duration and frequency unknown with a dos of 3/26/2015: 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; page 60 (2) Topical Analgesics, pages 111-113.

Decision rationale: The claimant sustained a work injury in August 2012 and continues to be treated for radiating low back pain. When seen, there was decreased and painful lumbar spine range of motion. There was bilateral lumbar paraspinal muscle tenderness with muscle spasms and bilateral sacroiliac joint tenderness. 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. This medication is not medically necessary.