

Case Number:	CM15-0117484		
Date Assigned:	06/25/2015	Date of Injury:	12/10/2001
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 47-year-old male who sustained an industrial injury on 12/10/2001. Diagnoses include severe neural foraminal stenosis at left L4-5; facet hypertrophy at left L4-5 and bilateral L3-4; chronic low back pain; bilateral lower extremity leg radiculopathy with mild stenosis; moderate, chronic L4-5 radiculopathy, left greater than right; and status post anterior lumbar fusions. Treatment to date has included medications and physical therapy; spinal fusions, repairs and hardware removal; chiropractic treatment; lumbar spine injections (epidural steroid and facet); home exercise program and activity modification. The IW reported no relief from the selective nerve root block at L5 on the right on 1/21/15. According to the progress notes dated 5/13/15, the IW reported constant low back pain rated 5/10 with radiation to the right lower extremity, which increased with activity. He also had complaints of anxiety, stress and insomnia. He reported his quality of life as fair with medications listed as Lyrica, Cymbalta, MS Contin, Norco and Zanaflex. On examination, the lumbar spine was painful with extension, Kemp's test was positive and there was decreased sensation on the left at L4 and L5. Straight leg raise test was positive bilaterally. Progress notes dated 12/10/14 stated the IW experienced heart palpitations, dry mouth at night and sweating due to oral medications Norco, Lyrica and MS Contin. A request was made for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream, 120gm for application to the affected area two to three times daily for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120gm: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Gabapentin or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Capsaicin, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120gm is not medically necessary.