MAXIMUS Federal Services

Case Number:	CM15-0118390		
Date Assigned:	06/26/2015	Date of Injury:	06/19/2006
Decision Date:	07/28/2015	UR Denial Date:	06/12/2015
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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 65 year old male, who sustained an industrial injury on 06/19/2006. On provider visit dated 05/14/2015 the injured worker has reported neck pain with intermittent headaches and low back pain with intermittent radiating down left lower extremity. Constant bilateral elbow pain radiating down both wrists was noted. Pain was noted to cause emotional, marital and work disturbances. On examination of the injured worker was noted to be alert, awake and well oriented to time, place and person. Gait was noted to have a limp on the left. Neck revealed a midline tenderness and bilateral cervical facet tenderness and trapezius tenderness as well. Lower back was noted to have midline tenderness and bilateral lumbar facet tenderness. Bilateral tenderness over medial and lateral epicondyle was noted. Positive carpal tunnel compression was noted as well as a positive Phalen's and Tinel's sign. The diagnoses have included posttraumatic head syndrome, status post head trauma 06/05/2006 bilateral lateral epicondylitis, bilateral cubital tunnel syndrome, possible cervical discogenic pain/bilateral cervical facet pain, possible lumbar discogenic pain/possible lumbar facet pain, and bilateral carpal tunnel syndrome. Treatment to date has included laboratory studies, medication, injections and physical therapy. The provider requested Ultra Flex-G (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

UltraFlex-G (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 43,78, 111-113.

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

Decision rationale: UltraFlex-G (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not specifically reference topical Tramadol but do state that 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. 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 MTUS does not support topical muscle relaxants such as Cyclobenzaprine and the MTUS does not support topical Gabapentin. There are no extenuating circumstances in the documentation which necessitate going against MTUS recommendations therefore this request is not medically necessary.