

Case Number:	CM15-0121180		
Date Assigned:	07/01/2015	Date of Injury:	10/02/2013
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

Certification(s)/Specialty: Emergency 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 51 year old male who sustained a work related injury October 2, 2013. An MRI of the lumbar spine, dated April 25, 2015, (report present in the medical record) revealed straightening of the lumbar lordosis, disc desiccation with decreased disc height L4-L5 and L5-S1; annular fissure L4-L5, early disc desiccation in the rest of the lumbar levels, hemangioma L3,L3-L4 broad based disc herniation abutting the thecal sac 1.1 mm, L4-L5 central disc herniation abutting the thecal sac 2.7 mm, L5-S1 central disc herniation indenting the thecal sac, having an inferior migrated component measuring 12.4 mm directed right paracentrally causing narrowing of the right lateral recess with contact on the right S1 transiting nerve root disc 6.6 mm. According to a primary treating physician's progress report, dated May 15, 2015, the injured worker presented with complaints of low back dull and aching pain rated 3-4/10 with medication and 5/10 without medication. The pain is associated with radiating pain, tingling, numbness, to the right greater than left, lower extremities. He reports sleeping better when using his cream medication and has been improving while undergoing physical therapy and acupuncture. Physical examination of the lumbar spine revealed tenderness to palpation of the lumbar paravertebral muscles and muscle spasms. Diagnoses are lumbar muscle spasm; lumbar radiculopathy; lumbosacral sprain/strain; other insomnia. Treatment plan included continuing physical therapy and acupuncture, continue medication, and at issue, a request for authorization for CMPD- Cyclobenzaprine/Gabapentin/Amitriptyline, topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD: Cyclobenzaprine, Gabapentin, Amitriptyline, base #180/30, 0 refills,
Topical Analgesic, NDC, NA: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113 of 127.

Decision rationale: The request is for the use of a combination topical agent. The ingredients include a muscle relaxant, anti-epileptic, and anti-depressant which is also used for certain chronic pain conditions. The MTUS guidelines states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." With regards to the use of gabapentin topically, the guidelines state the following: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." As such, due to the lack of clinical evidence of efficacy, the compounded agent is not certified for use. Therefore, the requested treatment is not medically necessary.