

Case Number:	CM15-0122956		
Date Assigned:	07/07/2015	Date of Injury:	02/18/2005
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational 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 50-year-old female, who sustained an industrial injury on 2/18/2005. She reported cumulative injuries involving the neck and right shoulder. Diagnoses include multilevel foraminal stenosis, facet syndrome, and rule out incomplete fusion, constipation, acute gastritis; status post cervical fusion in 2006 and 2012; status post thoracic outlet syndrome surgery in 2008. Treatments to date include physical therapy, acupuncture treatments, Botox injection, cortisone joint injection, and epidural injections. Currently, she complained of severe pain in the neck and shoulders. On 5/13/15, the physical examination documented no acute findings. The plan of care included Gabacyclotram 180 grams, apply two to three times a day topically.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabacyclotram 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: MTUS Guidelines are very specific with the recommendations that only FDA/Guideline approved agents are recommended and if any compound includes non-supported agents that compound is not Guideline supported. This topical compound (Gabapentin, Cyclobenzaprine and Ultram) includes several agents that are not Guideline supported. Gabapentin and Cyclobenzaprine (muscle relaxant) are specifically mentioned in the Guidelines as being inappropriate for topical use. There are no unusual circumstances to justify an exception to Guidelines. The Gabacyclotram is not supported by Guidelines and is not medically necessary.