

Case Number:	CM15-0175297		
Date Assigned:	09/16/2015	Date of Injury:	10/28/2010
Decision Date:	10/16/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52-year-old male, who sustained an industrial injury on 10-28-2010. He reported a back injury from heavy lifting. Diagnoses include cervical disc protrusion, stenosis, radiculopathy, lumbago, radiculopathy and anxiety. The documented treatments to date include Norco, Soma, Ranitidine, and a topical compound cream. Currently, he complained of ongoing neck and low back pain rated 8 out of 10 VAS with radiation to upper and lower extremities associated with numbness and tingling. On 5-28-15, the physical examination documented decreased range of motion in cervical and lumbar spines. The lumbar muscles were tender with spasms noted bilaterally. The appeal requested authorization of a topical compound cream containing Gabapentin 10% - Cyclobenzaprine 6% - Tramadol 10%, apply a thin layer two to three times a day, 180 grams. The Utilization Review dated 8-5-15, denied the request stating the California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate topical analgesics are "largely experimental in use".

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% quantity 180mg apply thin layer 2-3 times: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant remained on oral opioids and Soma without mention of reduced use while requesting topical medication. Since the compound above contains these topical medications, the Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% is not medically necessary.