

Case Number:	CM14-0143793		
Date Assigned:	09/12/2014	Date of Injury:	11/15/1999
Decision Date:	10/15/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42 year old female who was injured on 11/15/1999. The mechanism of injury is unknown. Prior treatment history has included chiropractic therapy, home exercise program. The patient underwent radiofrequency ablation of lumbar medial branches at right L3-4, L4-5, and L5-S1 on 01/28/2014. Pain management evaluation note dated 07/15/2014 indicates the patient presented for follow-up. The patient has had trigger point injections in the past which provided her with 80% improvement. She complained of body pain that is worse in the shoulder blades and left thigh. She reported her pain was constant but controlled with Dilaudid. She rated her pain as an 8/10 at its worst and 6-7/10 at its best. On exam, she has left lateral leg pain. She is diagnosed with chronic pain, reflex sympathetic dystrophy of the lower limb. Prior utilization review dated 08/08/2014 states the request for (Gabapentin 12.5 Gms/Ketamine 10gms/Cyclobenzaprine 5gms/Menthol 3.75gms/Dimethyl Sulfoxide 12.5ml/Base Cream with Liposome 81.25gms (Dos 7/18/14) is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Gabapentin 12.5 Gms/Ketamine 10gms/Cyclobenzaprine 5gms/Menthol 3.75gms/Dimethyl Sulfoxide 12.5ml/Base Cream with Liposome 81.25gms (Dos 7/18/14): 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 ANALGESIC Page(s): 111-113.

Decision rationale: The above MTUS guidelines for topical analgesics state "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In addition, regarding topical gabapentin "Gabapentin: Not recommended. There is no peer-reviewed literature to support use" and also "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The request for topical analgesics in this case contains both gabapentin and muscle relaxants and is not medically necessary because "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.