

Case Number:	CM13-0029315		
Date Assigned:	03/19/2014	Date of Injury:	02/12/2003
Decision Date:	04/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/25/2013

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 and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 has a date of birth [REDACTED] and a work injury dated 2/12/03. The diagnoses include lumbar disc displacement, lumbosacral spondylolysis, and lumbar spine discopathy. Treatments since time of injury include physical therapy, chiropractic, lumbar epidural steroid injections, TENS, and medications. There are requests of medical necessity for Amitramadol-DM Ultracream 4%/20%/10% cream; Gabaketolido 6%/20%/6.15% cream; and intramuscular injection of Toradol. An 8/2/13 primary treating physician report indicates that the patient continues to experience frequent exacerbation of pain within the low back. She also has bilateral lower extremity radiculopathy that continues to flare up. She states her pain is primarily aggravated with bending, turning, twisting and squatting motion as well as sitting. On physical examination of the lumbar spine, there is tenderness to palpation over the paraspinal musculature and also spinous process. The patient also has bilateral sciatic notch tenderness, as well as positive straight leg raise test. A 10/28/13 primary treating physician office visit report indicates that the patient states that she is now having increased symptomatology to the low back with some numbness and tingling to the lower extremities. She complains of aching pain to her low back and lower extremities as well as neck and both hands. She rates her low back, leg and hand pain as 8/10, while her neck and foot pain as 6/10. She attributes this to the cold weather we have been feeling. She is taking Norco which helps relieve her pain. She is currently not attending any type of therapy. Physical examination of the lumbar spine reveals spasm and tenderness to the paralumbar musculature. Sciatic stretch is positive. There is reduced range of motion, with pain on motion. The patient also has bilateral sciatic notch tenderness, as well as positive straight leg raise test.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRAMADOL-DM ULTRACREAM 4%/20%/10% CREAM.: 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): 99.

Decision rationale: Amitramadol-DM Ultracream 4%/20%/10% cream is not medically necessary per the MTUS guidelines. The guidelines state that topical analgesics are largely experimental. The patient has been prescribed Dextromethorphan/Tramadol/Amitriptyline topical cream since at least July of 2012 without significant improvement in function or analgesia. The MTUS does not support Tramadol. The MTUS also states that when a compounded product contains at least one drug (or drug class) that is not recommended the entire product is not recommended. Amitramadol-DM Ultracream 4%/20%/10% cream is not medically necessary.

GABAKETOLIDO 6%/20%/6.15% CREAM: 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, Gabapentin Page(s): 111-113, 18-19.

Decision rationale: Gabaketolido 6%/20%/6.15% cream is not medically necessary per the MTUS guidelines. Gabaketolido 6%/20%/ 6.15% is a compounded topical medicine which contains Gabapentin, Ketoprofen, and Lidocaine. The MTUS guidelines do not indicate the Gabapentin in topical form is an option for patient's low back and radicular pain. The guidelines indicate the Lidocaine is an for post herpetic neuralgia and can be considered for local use of peripheral pain is there is evidence of a first line therapy of serotonin reuptake inhibitors (SNRIs) or gabantin (oral). There is no support for topical non steroidal medications such as ketoprofen for the treatment of the spine. The MTUS also states that when a compounded product contains at least one drug (or drug class) that is not recommended the entire product is not recommended. There are no extenuating circumstances or documentation that states that the patient is intolerant of oral medications. The request for Gabaketolido is not medically necessary.

INTRAMUSCULAR INJECTION OF TORADOL.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines KETOROLAC (TORADOL(R), Page(s): 72.

Decision rationale: Intramuscular Toradol injection is not medically necessary per the MTUS guidelines. The MTUS guidelines state that Toradol is not indicated for minor or chronic painful conditions. The patient has had Toradol injections in February of 2013 without evidence of significant functional improvement. The patient's condition is chronic at this point and therefore intramuscular Toradol is not medically necessary.