

Case Number:	CM13-0051709		
Date Assigned:	12/27/2013	Date of Injury:	06/29/2012
Decision Date:	06/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 injured worker is a 61-year-old female who reported an injury on 06/29/2012. The mechanism of injury was not stated. Current diagnoses include partial-thickness tear of the supraspinatus and infraspinatus muscle, lateral epicondylitis of the left elbow, thoracic sprain and strain, lumbar spine disc syndrome without myelopathy, lumbar facet arthropathy, and lumbar radiculopathy. The injured worker was evaluated on 11/25/2013. The injured worker reported worsening shoulder and elbow pain. Current medications include two compounded creams and Norco. Physical examination revealed limited lumbar range of motion, tenderness over the L4-5 and L5-S1 region, positive straight leg raising bilaterally, decreased sensation in bilateral lower extremities, tenderness over the posterior aspect of the shoulder and deltoid, decreased shoulder range of motion, and decreased elbow range of motion with tenderness over the left lateral epicondyle. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLINE/TRAMADOL/DEXTROMETHORPHAN COMPOUND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, page 49

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of a failure to respond to first-line oral medication. There is also no strength, frequency, or quantity listed in the current request. Therefore, the request is non-certified.

GABAPENTIN/KETOPROFEN/LIDODERM COMPOUND: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. No other commercially-approved topical formulation of lidocaine, including a cream, lotion, or gel, is indicated for neuropathic pain. Gabapentin is not recommended, as there is no evidence for the use of any anti-epilepsy drug as a topical product. There is also no strength, frequency, or quantity listed in the current request. As such, the request is non-certified.