

Case Number:	CM13-0064628		
Date Assigned:	01/03/2014	Date of Injury:	05/12/2012
Decision Date:	05/13/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 and Pain Medicine and is licensed to practice in Florida. 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 43-year-old female who reported an injury on 05/18/2012. The mechanism of injury occurred when the injured worker was lifting. Review of the medical record reveals the injured worker's diagnoses include lumbar muscle spasm, lumbar radiculopathy, lumbar sprain or strain, depression, and rule out lumbar disc protrusion. Injured worker continues to have complaints of depression and back pain. She states her pain is controlled using Vicodin, 2 tablets per day. Objective findings upon examination revealed deep tendon reflexes were at 1+ bilaterally. The patient has a spastic aligned gait antalgic with brace in use. Nerve conduction study dated 03/04/2013 revealed abnormal findings consistent with lower extremity lumbosacral plexopathy with a possible L5-S1 radiculopathy. The injured worker has been treated with prior physical therapy, medication management and activity modification. The requested service is for compound cream flurbiprofen 30 g/tramadol 30g/gabapentin 10%/dextromethorphan 1% and amitriptyline 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED CREAM, FLURIBIPROFEN 30 GRAM/TRAMADOL 30 GRAM/GABAPENTIN 10 %/ DEXTROMETHORPHAN 1%/ AMITRIPTYLINE 10 %: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: Per California MTUS Guidelines, it is stated that topical analgesics are largely experimental in use with few randomized trials to determine its efficacy or safety. It is also noted that any compounded medication that includes 1 medication that is not recommended is not recommended. The requested medication contains gabapentin and per California MTUS this medication is not recommended in a topical form as there is no peer reviewed literature to support its use. There is also no peer review documentation to support the topical use of tramadol or amitriptyline. As there is no documentation in the medical record that the requested medication helps to alleviate the injured worker's signs and symptoms, decrease her pain, or increase functional capabilities with its use, and the requested medication contains multiple medications that are not recommended in a topical form per California MTUS Guidelines, continued use cannot be deemed as medically necessary and the request is non-certified.