

Case Number:	CM14-0019216		
Date Assigned:	04/21/2014	Date of Injury:	06/19/2010
Decision Date:	07/03/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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 Anesthesiology 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 50 year old male who reported an injury on 06/19/2010 secondary to a fall. The clinical note dated 12/12/2013 reported the claimant complained of chronic low back pain and right lower extremity pain. The claimant reportedly stated his medications help but his pain had worsened due to the cold weather and a recent fall. The physical examination, of the lumbar spine, revealed painful, limited range of motion with spasms. He had a positive straight leg raise at 45 degrees with decreased sensation and pain on the right at the L4-5 and L5-S1. There was also 1+ reflexes at the patella and Achilles. The two view x-ray, dated 12/12/2013 revealed findings to include moderate disc height loss at the L3-4 and L4-5 and mild to moderate disc height loss at the L5-S1 and anterior spondylosis was noted. The diagnoses included lumbar discogenic disease with radiculopathy and chronic low back pain. The treatment plan included recommendations for medication continuation of Neurontin, Norco and Zanaflex, lumbar epidural steroid injection TENS unit, and moist heating pads. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR PRESCRIPTION OF AMITRIPTYLINE DT
4/10/20% GM #240 FOR DOS:6/5/12: 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): 111-113.

Decision rationale: The Retrospective Request for Prescription of Amitriptyline DT 4/10/20% GM #240 for DOS The California MTUS Guidelines state topical analgesics are largely experiemental. The injured worker has a history of chronic low back pain with radicular pain to the lower right extremity treated with Neurontin, Norco, Zanaflex, TENS unit and moist heat. While the clinical information clearly states evidence the employee has signs and symptoms of neuropathic pain, there is a lack of evidence, within the provided documentation, to support the employee has not responded to other treatments, In addition, the request does not provide a clear list of ingredients for this medication and it is unclear why the employee would need a topical medication as opposed to a oral medciation. Therefore, the retrospective request for prescription of Amitriptyline DT 4/10/20% gm #240, for DOS 06/05/2012 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF AMITRIPTYLINE DT 4/10/20% GM #240 FOR DOS:8/28/12: 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): 111-113.

Decision rationale: The CA MTUS Guidelines state topical analgesics are largely experiemental. The employee has a history of chronic low back pain with radicular pain to the lower right extremity treated with Neurontin, Norco, Zanaflex, TENS unit and moist heat. While the clinical information clearly states evidence the employee has signs and symptoms of neuropathic pain, there is a lack of evidence, within the provided documentation, to support the employee has not responded to other treatments, In addition, the request does not provide a clear list of ingredients for this medication and it is unclear why the employee would need a topical medication as opposed to a oral medciation. Therefore, the retrospective request for prescription of Amitriptyline DT 4/10/20% gm #240, for DOS 8/28/12 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF CAPSAICIN F3 .0375/2/2/30% GM #240 DOS:8/28/12: 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): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental and Capsaicin is only recommend as an option in injured workers who have not responded or are intolerant to other treatments. MTUS Guidelines also state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. While the clinical documentation, provided for review, states the employee has been treated with Neurontin, Norco and Zanaflex, the physician failed to provide an assessment of the employee, to include, an intolerance or unresponsiveness to his medications or other treatments. Therefore, the retrospective request for prescription of Capsaicin F3 .0375/2/2/30% GM #240, DOS 0/28/2012 is not medically necessary and appropriate.