

Case Number:	CM14-0118334		
Date Assigned:	08/06/2014	Date of Injury:	05/18/2011
Decision Date:	09/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51 year old female was reportedly injured on May 18, 2011. The mechanism of injury is noted as a slip and fall on a wet floor. The most recent progress note, dated April 2, 2014, indicates that there are ongoing complaints of low back pain and acid reflux. The physical examination demonstrated tenderness and decreased range of motion of the cervical and lumbar spine. Diagnostic imaging studies of the lumbar spine indicated diffuse disc desiccation and facet degenerative changes. There was a retrolisthesis of L2 to L3 and of L3 to L4 as well as disc bulging at L2 to L3, L4 to L5, and L5 to S1. Previous treatment includes acupuncture, epidural steroid injections, and pain management. A request was made for Gabapentin/ Amitriptyline/ Dextromethorphan in a mediderm base and was not certified in the preauthorization process on July 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream 210g gabapentin #10 Amirtripyline 10% D extroemthorphan 10%
Medidem Base: Upheld**

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include antiinflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Gabapentin/ Amitriptyline/ Dextromethorphan in a mediderm base is not medically necessary.