

Case Number:	CM14-0125415		
Date Assigned:	08/11/2014	Date of Injury:	07/30/2012
Decision Date:	09/11/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/07/2014

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 36-year-old gentleman injured in a work-related accident on July 30, 2012. The records provided for review state that he was involved in a motor vehicle accident. A progress report dated January 28, 2014, states that the claimant continues to be treated with physical therapy, oral medications and multiple topical compounding agents for cervical and lumbar complaints. His diagnoses have included open reduction internal fixation of facial bone fractures, open reduction internal fixation of a right leg fracture, and continued cervical and lumbar complaints. Physical examination findings are not documented. This is a retrospective request for two topical compounds. The first contains gabapentin, amitriptyline, tramadol and Ultraderm. The second contains gabapentin, dextromethorphan and amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 2/1/14: Gabapentin/Amitriptyline/Tramadol/Ultraderm Base: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued use of a topical compound containing gabapentin, amitriptyline, tramadol and Ultraderm would not be indicated. The Chronic Pain Guidelines assert that, if any one agent in the topical compound is not supported, the agent as a whole is not supported. Criteria also state that there is no topical use for any of the agents included in this request. For those reasons, the continued, topical use of gabapentin, amitriptyline, tramadol and Ultraderm is not medically necessary.

Retro DOS 3/7/14: Gabapentin/Dextromethorphan/Amitriptyline: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the continued use of a topical compound containing gabapentin, dextromethorphan and amitriptyline. Chronic Pain Guidelines provide that, if any one agent in the topical setting is not supported, the agent as a whole is not supported. The topical use of gabapentin or amitriptyline is not indicated under guidelines parameters. Therefore, the request for continued use of this topical compound, which contains unsupported agents, the request is not medically necessary.