

Case Number:	CM14-0136151		
Date Assigned:	09/03/2014	Date of Injury:	04/11/2014
Decision Date:	10/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal Medicine and is licensed to practice in New York. 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 40 year old male who sustained an industrial injury on 04/11/2014. The mechanism of injury was not provided for review. His diagnoses are lumbar radiculopathy, lumbar strain and sprain, and left hip internal derangement. He complains of neck pain, low back pain, and left hip pain. The pain is described as constant, severe, sharp, stabbing with numbness, tingling and cramping. On physical examination there is tenderness to palpation in the cervical and lumbar regions and pain on rotation of the left hip. Motor and sensory exam are normal. Treatment has included medical therapy with Naproxen, Hydrocodone- Acetaminophen, Cyclobenzaprine, topical compounded medications, Omeprazole and Zolpidem. The treating provider has requested Amitriptyline 10% Dextromethorphan 10% Gabapentin 10% in Meriderm base 210gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10% Dexamethorphan 10% Gabapentin 10% in Mediderm base 210gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Compound Drugs

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

Decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, γ agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, Gabapentin and Dexamethorphan are not FDA approved for topical application . Medical necessity for the requested item has not been established. The request is not medically necessary.