

Case Number:	CM14-0166233		
Date Assigned:	10/13/2014	Date of Injury:	12/04/2013
Decision Date:	12/05/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational Medicine and is licensed to practice in California. 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, right-hand dominant male who sustained a work-related injury on December 4, 2013. He is diagnosed with (a) lumbar radiculopathy, (b) lumbar sprain/strain, (c) left knee internal derangement and (d) left ankle sprain/strain. The progress report dated July 31, 2014 documents that the injured worker reported complaints of intermittent low back pain and stiffness radiating to both legs with numbness, left knee pain, stiffness, weakness, and left ankle pain with stiffness. The physical examination showed tenderness over the bilateral sacroiliac joints and paravertebral muscles of the lumbar spine as well as on the lateral and medial joint lines and superior border of the left patella over the anterior ankle. The September 4, 2014 progress report demonstrated no significant change in the injured worker's subjective and objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amit/dextr/gabap compound 210gm: 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: Evidence-based guidelines indicate that any compound product containing at least one drug that is not recommended is not recommended. In this case, the prescribed compound medication has a gabapentin component. The guidelines specify that gabapentin is not recommended and that there is no peer-reviewed literature to support its use. For this reason, the medical necessity of the requested amitriptyline/dextromethorphan/gabapentin compound 210 gm is not established.