

Case Number:	CM14-0172061		
Date Assigned:	10/23/2014	Date of Injury:	12/19/2008
Decision Date:	11/21/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 Emergency 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 patient is a 60-year-old male who reported an injury on 12/19/2008. The mechanism of injury was not provided. On 07/29/2014, the patient was seen for pain to his lumbar spine. The patient complained of frequent mild aching, burning low back pain with numbness, tingling, and weakness. Chiropractic care is helping. Pain radiated to his feet. Acupuncture was not helping. On 09/04/2014, the patient was seen for lumbar pain. The pain was the same in flexion and extension but was worse when standing from seated position. It was relieved with medication, physical therapy, and chiropractic therapy. Upon examination of the lumbar spine, flexion was 60 degrees, extension 25 degrees, left and right lateral bend 25 degrees, bilaterally. There was tenderness to palpation at the bilateral gluteus. The straight leg raise was negative. The patient had a diagnosis of lumbago, lumbar disc protrusion and lumbar radiculopathy. The treatment plan is to continue chiropractic care, discontinue acupuncture care due to no relief, continue physical therapy, and continue with creams. Medications included 180 mg of capsaicin 0.025 flurbiprofen 15%, gabapentin 10%, menthol 2%, and camphor 2% and 180 grams of cyclobenzaprine 2%, gabapentin 15%, and amitriptyline 10%. The rationale was not provided. The Request for Authorization was dated 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medications: 180gm, Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, apply a thin layer 3 times per day: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Amitriptyline

Decision rationale: The request for Compound medications: 180gm, Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, apply a thin layer 3 times per day is not medically necessary. The CA MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. There is no peer reviewed literature to support use. ODG state Amitriptyline is recommended. Amitriptyline is a tricyclic antidepressant. There is no literature to support the use in compound medicine. Dextromethorphan is not supported by CA MTUS/ACEOM or ODG. Any compounded product that contains at least 1 or more drugs that are not recommended is not recommended. Gabapentin is not recommended by the MTUS Guidelines. As such, the request is not medically necessary.