

Case Number:	CM14-0025630		
Date Assigned:	06/13/2014	Date of Injury:	12/27/2000
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 patient is a 64 year old female who was injured on 12/27/2000. Mechanism of injury is unknown. Progress report dated 01/29/2014 documented the patient with complaints of pain in the neck and back with numbness in the upper and lower extremities. The patient rates her pain at 8/10. The patient is currently taking gabapentin, ranitidine, cyclobenzaprine, Zolpidem and Narcosoft. Objective findings on examination of the cervical and lumbar spine reveal the patient cannot perform toe-heel walking. There is tenderness to the paraspinal musculature in the cervical and lumbar regions. There is muscle spasm over the cervical and lumbar spine. The range of motion of the cervical spine reveals extension at 10 degrees, flexion 20 degrees, lateral rotation on right and left 15 degrees, lateral tilt right and left 15 degrees. The lumbar spine range of motion reveals flexion 15 degrees, extension 5 degrees, left and right rotation 10 degrees and left and right tilt 10 degrees. Diagnoses: 1. Significant spinal pain. 2. Cervical spine Discopathy. 3. Multilevel lumbar Discopathy. 4. Morbid obesity. 5. Diabetes. Treatment Plan: The patient is awaiting approval for epidural steroid injection. The patient is a candidate for continuing hydrocodone, Zolpidem, Narcosoft and topical creams. The topical creams include amitriptyline-DM. Utilization report dated 02/07/2014 indicates 3 requests were submitted. The request for amitriptyline-DM was not certified. A single case report involving two patients with painful neuropathy reported reduced pain but significant systemic side effects with topical amitriptyline. The request for gabapentin-L cream was not certified as MTUS Guidelines do not recommend the use of topical gabapentin and states any compounded product that contains at least one drug that is not recommended, is not recommended. The request for hydrocodone was not certified as there was no response to previous hydrocodone use documented and previous urine drug test are non-compliant.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRAMADOL-DM 4% 20% 10% TRANSDERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National guideline clearinghouse.
<http://www.guideline.gov/search/search.aspx?term=dextromethorphan>.

Decision rationale: According to CA MTUS guidelines, Topical analgesics are Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state; "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The PR dated 1/29/2014 indicates that the requested compounded topical medication is composed of Dextromethorphan (centrally acting opioid) as one of its ingredients. CA MTUS and ODG guidelines are silent specifically regarding Dextromethorphan indications. The National Guideline Clearinghouse presents many studies indicating Dextromethorphan for painful diabetic neuropathy, allergic rhinitis and cough, MS and some psychological disorders and ALS. Although the medical records document Diabetes as a diagnosis in this patient, they do not correlate his clinical findings to Diabetes. Furthermore, the records do not document any of the above mentioned indications for the use of this medication. Therefore, the medical necessity of the compounded Amitramadol-DM 4%, 20%, 10% Transderm has not been established according to the mentioned guidelines.

GABAKETO-L 6%/20%/6.15 TRANSDERM: 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: As per CA MTUS guidelines, Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines states; "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Gabaketo-L is a compounded topical analgesic that composed of Gabapentin which is not recommended as a topical analgesic per the guidelines. Therefore, the requested GabaKeto-L 6%/ 20%/ 6.15% Transderm is not medically necessary.

HYDROCO-APA 10-325 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: According to CA MTUS guidelines, Hydrocodone as a short acting Opioid is recommended as an option for chronic pain. The PR dated 1/29/2014 indicates that the patient was on Hydrocodone and the treating physician believes that the patient is a candidate for ongoing use of Hydrocodone/Acetaminophen. The guidelines address the following criteria to be monitored for ongoing opioid management; "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". The available medical records do not document detailed pain assessment or functional improvement in response to the medication. Therefore, the medical necessity of Hydrocodone-APA 10/325mg #60 has not been established according to the guidelines.