

Case Number:	CM14-0034506		
Date Assigned:	06/20/2014	Date of Injury:	03/15/2007
Decision Date:	08/15/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/19/2014

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 and Emergency Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 03/15/2007 who experienced low back pain due to her job duties while working on an assembly line. Per the documentation, the injured worker stated that her job required repetitive bending, stooping, and lifting from 20 to 40 pounds. The injured worker's treatment history included medications, MRI, chirophysiotherapy, surgery, and epidural steroid injections. The injured worker was evaluated on 05/21/2014, and it was documented that the injured worker complained of low back pain with radiation of symptoms to the bilateral lower extremities that was worse on the left. It was noted the injured worker stated her low back pain was aching and cramping which was on a pain scale level of 8/10. She states her low back pain was consistent and radiated down into her bilateral legs that was worse on the left. The provider noted that the injured worker had undergone 6 sessions of chirophysiotherapy to her low back; however, states that it was not beneficial in reducing her pain. She had undergone 3 previous epidural injections to her low back with no benefit. The physical examination of the lumbar spine revealed tenderness to palpation of the bilateral lumbar paraspinals, decreased flexion and extension, decreased sensation on the left L5 and S1 dermatomes, and straight leg raise was negative on the right, but positive on the left. The medications included Norco 10/325 mg and Lido Pro ointment. The provider noted the injured worker failed medication including anti-inflammatories, neuropathic agents, topical analgesics, and opiates. The injured worker meets the criteria for failed low back syndrome. As such, the injured worker was a candidate for spinal cord stimulator trial. The diagnoses include lumbar radiculopathy and failed low back syndrome. The request for authorization and rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

AMITRIPTYLINE HCL 10MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline & Antidepressants for chronic Page(s): 13.

Decision rationale: The California (MTUS) Chronic Pain Medical Guidelines recommends amitriptyline. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Side effects, including excessive sedation especially that which would affect work performance should be assessed. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. The provider failed to indicate the outcome measurement of the requested medication for the injured worker. The documents provided on 05/21/2014 the provider noted the injured worker has failed medications including neuropathic agents, opiates physical therapy, and topical analgesics. In addition, the request lacked frequency and duration. As such, the request for Amitriptyline HCL 10 mg # 60 is not medically necessary.

CMI- GABAPENTIN 10% COMPOUNDED TOPICAL CREAM, RETRO REQUEST DATED 01/02/14: 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.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documents provided on 05/21/2014 the provider noted the injured worker has failed medications including neuropathic agents, opiates physical therapy, and topical analgesics. It was noted the injured worker is a candidate for a spinal cord stimulator trial. In addition, there was no documentation provided on frequency or location where the topical cream would be applied. As such, the CMI-Gabapentin 10% Compounded Topical Cream is not medically necessary.

