

Case Number:	CM14-0038742		
Date Assigned:	06/27/2014	Date of Injury:	11/02/2010
Decision Date:	08/14/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of November 21, 2010. A utilization review determination dated March 11, 2014 recommends non-certification of topical medication. February 3, 2014 medical report identifies pain 8/10. On exam, there is LUE (left upper extremity) swelling, hypersensitivity with mottled appearance and discoloration, unable to make a fist on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline/gabapentin/bupivacaine/lidocaine/clonidine/ethylene (duration unknown and frequency unknown): 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 Page(s): 111-113 of 127.

Decision rationale: Regarding amitriptyline/gabapentin/bupivacaine/lidocaine/clonidine/ethylene, California MTUS cites that topical lidocaine is Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] antidepressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). Additionally, it is

supported only as a dermal patch. Gabapentin is not supported by the Chronic Pain Medical Treatment Guidelines for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the request for Amitriptyline/gabapentin/bupivacaine/lidocaine/clonidine/ethylene (duration unknown and frequency unknown) is not medically necessary or appropriate.