

Case Number:	CM14-0041174		
Date Assigned:	06/27/2014	Date of Injury:	09/23/2004
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 Nevada. 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 56-year-old male who was reportedly injured on September 23, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 18, 2014, indicates that there are ongoing complaints of neck and left shoulder pain. The physical examination demonstrated mild torticollis of the cervical spine to the left and tenderness and muscle spasms over the paracervical muscles. There was a positive left-sided Spurling's test. There was decreased sensation on the dorsal side of the hand although it is not stated which one. Examination of the left shoulder noted tenderness at the acromioclavicular joint. Diagnostic imaging studies reported a C5-C6 disc herniation. A magnetic resonance image of the left shoulder noted rotator cuff tendinopathy. Previous treatment includes left shoulder surgery. A request had been made for Amitramadol and Gabaketolido and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitramadol- DM ultra cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the California Medical Treatment Utilization Schedule Guidelines, it is stated that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. There is no known efficacy of topical tramadol. Therefore, this request for Amitramadol is not medically necessary.

Gabaketolido 240GM cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the California Medical Treatment Utilization Schedule Guidelines, it is stated that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended. There is no known efficacy of topical gabapentin. Therefore, this request for Gabaketolido is not medically necessary.