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| Case Number: | CM14-0055464 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/05/2013 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 03/29/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 39-year-old male who sustained a work related injury on 7/05/2013 as result of a lifting incident which injured his back. He continues to complain of lower back, bilateral hip and leg pain. Recent physical examination found a decreased lumbar range of motion, a positive straight leg raise bilaterally and a decreased sensation along the S1 dermatome on the right, but along the L5 dermatome on the left. A lumbar MRI dated 9/12/2013 identifies an annular tear at L4-5 intervertebral disc with a 2-3 mm bulge with moderate bilateral central and foraminal stenosis and face hypertrophy with an additional annular tearing of the L5-S1 disc with a 4-5 mm bulge. An electromyography (EMG) study dated 8/28/2013 demonstrates a left S1 nerve root irritation with a delayed left tibial H-reflex indicative of a left S1 radiculopathy. In dispute is a decision for a retrospective request for Amitrip/Dextro/Tram compounded topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Amitrip/Dextro/Tram (DOS 2/12/2014): 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 rationale: Topical analgesics (compounded) are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Unfortunately, the CA MTUS guidelines further stipulate that these compounds are considered experimental with little supportive evidence of efficacy or safety. The provided documentation does not illuminate on the use of anti-depressant or anticonvulsant medications as specified in the guidelines. Although neuropathic pain is clearly established, the request is not medically necessary.