

Case Number:	CM14-0064165		
Date Assigned:	07/11/2014	Date of Injury:	08/01/2013
Decision Date:	09/25/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family Medicine, and is licensed to practice in North Carolina. 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 had an original date of injury of 8/1/2013 in which she was involved in a motor vehicle collision when the front end loader she was driving crashed. She is undergoing ongoing treatment and evaluation for chronic pain in head, neck, back abdomen, bilateral knee, left shoulder and bilateral feet. The current requests are for topical preparations of Trama/Flubi/Cyclo and Gaba/Dextro/Amitrip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 03/13/2014): Trama/Flubi/Cyclo: 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.

Decision rationale: MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain when antidepressants and antiepileptics have failed. MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulations are explicitly not approved in the MTUS Guidelines. As such, the request is not medically necessary.

Retrospective (DOS: 03/13/2014): Gaba/Dextro/Amitrip: 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.

Decision rationale: MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain when antidepressants and antiepileptics have failed. MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Gabapentin in topical formulation is explicitly not approved in the MTUS Guidelines, as there is no peer reviewed literature to support its use. As such, the request is not medically necessary.