

Case Number:	CM14-0082407		
Date Assigned:	07/21/2014	Date of Injury:	11/04/2013
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/04/2014

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 has a subspecialty in Interventional Spine 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 56-year-old male with date of injury of 11/04/2013. The listed diagnoses per Dr. Thomas [REDACTED] dated 04/09/2014 1. Cervical sprain/strain. 2. Lumbar disk protrusion. 3. Lumbar sprain/strain. 4. Right knee internal derangement. 5. Left knee internal derangement. According to this report, the patient complains of intermittent to frequent moderate sharp stabbing neck pain with numbness radiating to both elbows and tingling associated with movement. The patient also complains of intermittent to frequent constant moderate sharp pain in the lumbar spine. He also complains of bilateral knee pain that is severe achy, sharp, numb, and tingling to the bilateral foot with numbness and tingling associated with change in temperature. The objective findings show there is no bruising, swelling, atrophy, or lesion present at the cervical spine. There is tenderness to palpation at the cervical paravertebral muscles. There is muscle spasm of the cervical paravertebral muscles. Cervical compression causes pain. There is tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm at the bilateral gluteus and lumbar paravertebral muscles. Kemp's is positive. Straight leg raise causes pain bilaterally. There is tenderness to palpation of the anterior and posterior knee of the bilateral knees. McMurray's causes pain. The utilization review denied the request on 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10%, DEXTROMETHORPHAN 10%, AMITRIPTYLINE 10% IN MEDIDERM BASE, 30 GMS: Upheld

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

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

Decision rationale: This patient presents with cervical and lumbar spine pain as well as bilateral knee pain. The treating physician is requesting gabapentin/dextromethorphan/amitriptyline in Mediderm base 30 g. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." In this case, gabapentin is not recommended as a topical compound therefore, this request is not medically necessary.