

Case Number:	CM14-0087412		
Date Assigned:	07/23/2014	Date of Injury:	09/28/2011
Decision Date:	08/28/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 56 year old male with a 9/28/11 date of injury, and status post left shoulder arthroscopy with subacromial decompression and arthrotomy with rotator cuff repair 1/21/14. At the time (4/17/14) of request for authorization for Gabapentin 10%/Amitriptyline 10% Cream 240 gm, there is documentation of subjective (constant severe, dull, sharp, achy neck pain, rated 6/10 that radiates down left arm and causes headaches, constant, severe low back pain, rated 10/10, and moderate dull right wrist pain with numbness and tingling, rated 5/10) and objective (normal cervical spine range of motion, tenderness to palpation of the cervical paravertebral muscles and spinous processes, muscle spasm of the cervical paravertebral muscles, Soto-Hall positive, shoulder depression positive, lumbar spine range of motion decreased and painful, tenderness to palpation of lumbar paravertebral muscles, Nachlas positive, tenderness to palpation of dorsal and volar wrist, Tinel's causes pain, and reverse Phalen's positive) findings, current diagnoses (cervical disc displacement, cervical musculoligamentous injury, cervical sprain/strain, lumbar derangement, lumbar dysfunction, right wrist injury, right wrist pain, and right wrist sprain/strain), and treatment to date (medications (including Naproxen, Prilosec, Gabapentin, Tramadol, Ambien, Meclizine, and Capsaicin and Flurbiprofen cream)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 10% Cream 240 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 to 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement, cervical musculoligamentous injury, cervical sprain/strain, lumbar derangement, lumbar dysfunction, right wrist injury, right wrist pain, and right wrist sprain/strain. However, the requested Gabapentin 10%/Amitriptyline 10% Cream 240 gm contains at least one drug (Gabapentin) that is not recommended. Therefore, the request is not medically necessary and appropriate.