

Case Number:	CM14-0096586		
Date Assigned:	07/28/2014	Date of Injury:	01/25/2011
Decision Date:	09/10/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 61 year-old female who was reportedly injured on January 25, 2011. The mechanism of injury is noted as a slip and fall type event. The most recent progress note dated February 10, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a 5' 9", 107 pound individual who is normotensive. There is tenderness to palpation over the bilateral sacroiliac joints and the lumbar paravertebral musculature. Muscle spasm is noted. Left straight leg raising causes radiating pain. Diagnostic imaging studies objectified multiple level degenerative changes in the cervical and lumbar regions of the spine. No acute pathology is identified. Previous treatment includes a comprehensive psychiatric evaluation, urine toxicology screening, multiple medications and imaging studies. A request was made for compounded medications and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Amitryptiline 10%/Dexamothorphan 10%/Gabapentin 10% 210 gram:
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 Page(s): 111-113.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, these types of compounded topical preparations are "largely primitive" and that any component that is not recommended makes the overall preparation not recommended. There is no objectified neuropathic lesion therefore the utilization of the medication gabapentin were not be clinically indicated. As such, this preparation is not medically necessary.