

Case Number:	CM14-0108451		
Date Assigned:	08/01/2014	Date of Injury:	12/05/2013
Decision Date:	02/19/2015	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

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 58 year-old male who was originally injured on 12/5/2013 upon lifting a pallet, suffering injury to his lumbar back and left wrist. The injured worker has been diagnosed with lumbar disc protrusion, lumbar radiculopathy, left elbow neuralgia, left carpal tunnel syndrome, loss of sleep, anxiety and depression. The secondary treating physician evaluation on 11/22/14 dispensed 30 grams Gabapentin/ 30 grams Flurbiprofen from the office, and wrote a prescription for 240 grams Gabapentin/ 240 grams Flurbiprofen medicated cream. Per the records available, the intended area of application of the cream was not identified. This request was not authorized by utilization review, and was submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

30gms Gabapentin 10% Dextromethorphan 10% Amitriptyline 10% in Mediderm Base:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The use of topical compounds applied locally to areas of chronic pain is largely experimental with few randomized controlled trials to determine efficacy or safety. Any compound that contains at least one drug that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. The MTUS guidelines do not currently support use of Amitriptyline or Dextromethorphan in topical formulation. Given that multiple components of the topical compound are not supported by the MTUS guidelines, the request is not medically necessary.

240gms Gabapentin 10% Dextromethorphan 10% Amitriptyline 10% in Mediderm Base:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The use of topical compounds applied locally to areas of chronic pain is largely experimental with few randomized controlled trials to determine efficacy or safety. Any compound that contains at least one drug that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. The MTUS guidelines do not currently support use of Amitriptyline or Dextromethorphan in topical formulation. Given that multiple components of the topical compound are not supported by the MTUS guidelines, the request is not medically necessary.