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| Case Number: | CM14-0124590 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 05/31/2013 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old male, who sustained an industrial injury on May 31, 2013. The injured worker was diagnosed as having lumbar spine lipoma versus hemangioma, lumbar spine spondylotic changes, L3-L4 spinal canal stenosis, L4-L5 annular tear, L4-L5 2-3mm disc bulge, L5-S1 3-4mm disc bulge, and L5-S1 annular tear. Treatment to date has included chiropractic treatments and medication. Currently, the injured worker complains of lumbar spine pain. The single Primary Treating Physician's report submitted for review dated July 8, 2014, noted the injured worker with a pain level of 7/10, wanting to continue with therapy. The Physician noted no changes in the injured worker's examination since the previous visit. The Physician recommended pain management for ongoing lumbar spine pain, with continuation of the current medications until the next appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Gabapentin Dextromethorphan Amitriptyline: 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 (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic low back pain. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, gaba agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including Dextromethorphan and Amitriptyline. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.