

Case Number:	CM14-0184316		
Date Assigned:	11/10/2014	Date of Injury:	06/14/2014
Decision Date:	05/06/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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. 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 25-year-old female who reported an injury on 06/14/2014. The mechanism of injury was not provided. Her diagnoses include lumbar radiculopathy, lumbar sprain/strain, anxiety, and depression. Past treatment was noted to include medications, to include ibuprofen and Flexeril. On 10/16/2014, it was noted the injured worker had complaints of intermittent moderate low back pain that she rated 6/10. Upon physical examination, it was noted the injured worker had tenderness to palpation to the bilateral SI joints, lumbar paravertebral muscles, and spinous processes. Current medications were not included in the report. The treatment plan was noted to include physical therapy, CNT, and acupuncture therapy, as well as a psychological evaluation. A request was received for Zolpidem 10 Mg #30, 210 Grams Topical Creams, Flurbiprofen 20 Percent/ Tramadol 20 Percent, 210 Grams Gabapentin 10 Percent/ Dextromethorphan 10 Percent/ Amitriptyline 10 Percent, and Gabapentin 300mg #60 without a rationale. A Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10 Mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment of Insomnia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien; 1/2).

Decision rationale: According to the Official Disability Guidelines, Ambien is a short acting non-benzodiazepine hypnotic recommended for no more than 10 days to treat insomnia. The clinical documentation submitted for review did not indicate the injured worker had insomnia. It is also not documented what the efficacy was, nor duration. Consequently, the request is not supported. Additionally, the request did not specify duration and frequency of use. As such, the request for Zolpidem 10 Mg #30 is not medically necessary.

210 Grams Topical Creams, Flurbiprofen 20 Percent/ Tramadol 20 Percent: 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): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that when 1 medication of compounded product is not recommended, the entire compounded product is then not recommended. Furthermore, the guidelines indicate that topical NSAIDs are indicated for osteoarthritis to the knee and elbow. The clinical documentation submitted for review did not indicate the injured worker failed antidepressants and anticonvulsants. Additionally, the documentation did not indicate the injured worker had osteoarthritis. Consequently, the request is not supported. Additionally, the request did not specify body region, frequency, nor duration of use. As such, the request for 210 Grams Topical Creams, Flurbiprofen 20 Percent/ Tramadol 20 Percent is not medically necessary.

210 Grams Gabapentin 10 Percent/ Dextromethorphan 10 Percent/ Amitriptyline 10 Percent: 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): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. The guidelines indicate that when any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. Moreover, the guidelines state that gabapentin is not recommended as there is little evidence supporting its topical use. The clinical documentation submitted for review did not indicate the injured worker had failed antidepressants and anticonvulsants. Additionally, at least 1 of the medications in the topical compound requested is not recommended. Consequently, the request is not supported. Additionally, the request did not specify duration, frequency, nor body region the medication is to be applied to. As such, the request for 210 Grams Gabapentin 10 Percent/ Dextromethorphan 10 Percent/ Amitriptyline 10 Percent is not medically necessary.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: According to the California MTUS Guidelines, gabapentin is effective to treat diabetes painful neuropathy and postherpetic neuralgia. The clinical documentation submitted for review did not indicate the patient had such conditions. Additionally, efficacy in terms of pain relief and functional improvement was not provided. Consequently, the request is not supported. Additionally, the request did not specify duration or frequency of use. As such, the request for Gabapentin 300mg #60 is not medically necessary.