

Case Number:	CM14-0188659		
Date Assigned:	11/19/2014	Date of Injury:	03/28/2012
Decision Date:	01/07/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 56-year-old woman with a date of injury of 03/28/2012. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 08/21/2014 indicated the worker was experiencing pain in the neck, right shoulder, and lower back. This was the most recent clinical record submitted for review. The documented examination described tenderness and spasm in the upper and lower back regions, decreased motion in the upper back joints and right shoulder, and positive right shoulder impingement and Neer's tests. The submitted and reviewed documentation concluded the worker was suffering from cervical and lumbar sprain/strain, cervical and lumbar disk syndrome, and right shoulder impingement. Treatment recommendations included oral and topical pain medications, a MRI of the cervical spine, a food supplement for pain control, activity modification, and follow up care. A Utilization Review decision was rendered on 10/10/2014 recommending non-certification for 210 g of a compound containing Gabapentin 10%, Amitriptyline HCl powder 10%, and Dextromethorphan powder 10% in a Mediderm cream base for the date of service 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/ Amitriptyline HCL Powder 10%/ Dextromethorphan Powder 10%/ Mediderm Cream Base 210 gm, DOS 8/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics

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

Decision rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the anti-seizure (Gabapentin 10%), tricyclic antidepressant (Amitriptyline powder 10%), and NMDA antagonist (Dextromethorphan 10%) classes. The MTUS Guidelines do not recommend topical Gabapentin because there is no literature to support its use. The MTUS Guidelines are silent on the use of topical Amitriptyline and Dextromethorphan. However, another drug within this compound is not recommended by the Guidelines, and the literature does not support their use in this setting. The submitted and reviewed documentation did not include a discussion detailing extenuating circumstances that would sufficiently support the use of this compound in this setting. In the absence of such evidence, the current request for 210 g of a compound containing Gabapentin 10%, Amitriptyline HCl powder 10%, and Dextromethorphan powder 10% in a Mediderm cream base for the date of service 08/21/2014 is not medically necessary.