

Case Number:	CM14-0197253		
Date Assigned:	12/05/2014	Date of Injury:	08/15/2013
Decision Date:	01/16/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 34-year-old man, with medical history of high blood pressure, who sustained a work-related injury on August 15, 2013. Subsequently, he developed chronic low back pain. Lumbar x-rays dated September 19, 2013 showed grade 1 anterior wedge deformity of the L1 vertebral body. Straightening of the lumbar lordotic curvature, which may reflect an element of myospasm. Prior treatments included: pain management evaluation, medications, physiotherapy modalities, acupuncture, home exercises, aquatic therapy, and chiropractic treatment. According to a progress report dated August 25, 2014 the patient complained of lower back pain radiating down the left lower extremity. Pain was rated at 8/10. He also had occasional weakness and numbness in the left lower extremity. He previously declined the option for ESIs, as he did not believe that he would benefit from it. He had experienced relief of symptoms with Norco. Exam revealed tenderness over the bilateral lumbar paraspinals, more pronounced on the left. Positive left straight leg raising. 5/5 motor strength. Decreased sensation in the left lower extremity as compared to the right. Symmetric reflexes. The patient was diagnosed with multilevel intervertebral disc disorders, left L5 radiculopathy, and intractable mechanical low back pain. A progress report dated September 22, 2014 documented that the patient was referred for ESIs and was continued on medications. The provider requested authorization for Gabapentin 10% / Amitriptyline 10% / Dextromethorphan 10% in Medider.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: Gabapentin 10% / Amitriptyline 10% / Dextromethorphan 10% in Medider, base 210g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Amitriptyline, gabapentin and t Dexamethorphan. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Gabapentin 10%/Amtriptyline 10%/ Dextromethorphan 10% 210gm is not medically necessary.