

Case Number:	CM14-0198210		
Date Assigned:	12/08/2014	Date of Injury:	06/03/2003
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 California. 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 68-year-old woman with a date of injury of June 3, 2003. The mechanism of injury is not documented in the medical record. The current diagnoses are lumbar spine discopathy, and carpal tunnel. The most recent progress report in the medical record is dated August 25, 2014. The note is handwritten and partly illegible. According to the documentation, the injured worker complains of spinal spasm, spinal lump, and carpal tunnel tingling. Objective physical findings reveal spinal spasm, decreased motion and lumbar spine tenderness. The injured worker has poor balance and uses a cane. The treatment plan recommendation includes 8 chiropractic visits, Tramadol cream, and needs pain management for epidural. The remainder of the note is illegible. The current request is for Amitriptyline/Gabapentin/Tramadol compound cream for the knee pain and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Amitriptyline/Gabapentin/Tramadol Prescribed on 9/2/14:

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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request for topical compounded cream Amitriptyline, Gabapentin, Tramadol prescribed on September 2, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker is 68 years old date of injury June 3, 2003. The working diagnoses are carpal tunnel syndrome, lumbar discopathy; lumbosacral spinal stenosis; and lumbosacral degenerative disc disease. The documentation does not contain a progress note with the clinical indication or clinical rationale for the topical compounded cream Amitriptyline, Gabapentin and Tramadol. Additionally, Gabapentin topical is not recommended. Any compounded product that contains at least one drug (topical Gabapentin) that is not recommended is not recommended. Consequently, the topical compound containing Gabapentin is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective request for topical compounded cream Amitriptyline, Gabapentin, Tramadol prescribed on September 2, 2014 is not medically necessary.