

Case Number:	CM14-0052750		
Date Assigned:	07/07/2014	Date of Injury:	07/17/2007
Decision Date:	12/31/2015	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 7-17-2007. The injured worker is undergoing treatment for: neck and low back pain and bilateral knee pain. On 1-19-14, she reported neck, low back and bilateral knee pain. She indicated the left leg pain was increased and associated with leg numbness. She also reported bilateral upper extremity pain. On 2-6-14, she reported neck and low back pain. She rated her neck pain 6 out of 10, and low back pain 5 out of 10 and indicated there was radiating pain into the lower extremities. She also reported headaches. Objective findings revealed antalgic gait, compromised heel and toe walking, mild torticollis bilaterally, positive head compression, positive spurling's maneuver bilaterally, tenderness and muscle spasm in the neck, decreased neck range of motion, diminished triceps reflex, weakness in the thumb, diminished sensation in the forearm and palm; tenderness in the lumbar spine, decreased lumbar spine range of motion, muscle spasm in the lumbar paraspinals, diminished ankle jerk reflex and plantar strength and posterolateral foot and heel sensation, and positive straight leg raise testing. The provider noted "she does not take too much of the medication as this irritates her stomach. She uses more of the transdermal creams. These have been beneficial in the past". The treatment and diagnostic testing to date has included: medications, group psychotherapy. Medications have included: transdermal creams, norco, cyclobenzaprine. Current work status: noted to be as per AME. The request for authorization is for: compound medications: amitriptyline 4 percent-tramadol 20 percent-dextromethorphan 10 percent 240 grams; gabapentin 6 percent-ketoprofen 20 percent-lidocaine 6.15 percent 240 grams. The UR dated 3-25-2014: non-certified the request for compound

medications: amitriptyline 4 percent-tramadol 20 percent-dextromethorphan 10 percent 240 grams; gabapentin 6 percent-ketoprofen 20 percent-lidocaine 6.15 percent 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 4%/Tramadol 20%/ dextromethorphan 10% 240 Grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Official Disability Guidelines Chronic Pain, Subsection Under Medication Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these products. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for Amitriptyline, Tramadol and Dextromethorphan. None of these drugs are approved for topical use. Therefore the request is not medically necessary or appropriate.

Gabapentin 5%/ Ketoprofen 20%/ lidocaine 6.15% 240 Grams: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Official Disability Guidelines Chronic Pain, Subsection Under Medication Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these products. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for Gabapentin, Ketoprofen and Lidocaine. Ketoprofen is an NSAID that causes severe photodermatitis and should only be used when oral NSAIDs have failed, which is not documented in this case. Gabapentin is not recommended for topical use. Lidocaine is only recommended in the formulation of a lidoderm patch and any formulation as a gel, cream or lotion is not recommended. Therefore the request is not medically necessary or appropriate.