

Case Number:	CM15-0001892		
Date Assigned:	02/09/2015	Date of Injury:	10/16/2009
Decision Date:	03/25/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 53 year old individual with an industrial injury dated 10/16/2009. The mechanism of injury is documented as occurring when she was pushing a bucket into a storage unit when six tables that were stacked up fell on top of her as she walked through the door. The tables landed on her head and pushed her to the ground. On 12/16/2014 she presented with complaints of low back pain, neck pain, upper mid back pain and bilateral wrist pain. Physical exam revealed decreased range of motion of the cervical, thoracic and lumbar spine. Prior treatments include physical therapy, left shoulder surgery, chiropractic treatment, and acupuncture, epidural injections to her neck, and referral to an orthopedist, psychological treatment, and referral to an internist, cortisone injections to her right shoulder, and referral to an ophthalmologist due to blurry visions. She was administered injections to the back of her head with benefit for the blurry vision. Other treatments include injections to both her feet and medications. Diagnosis was mid back pain and carpal tunnel syndrome. On 12/04/2014 utilization review issued the following decisions: -Amitriptyline HCL compound 180 gm #1, dispensed 05/20/2014 was non-certified. MTUS was cited. -Amitriptyline HCL compound 180 gm # 1 dispensed 08/05/2014 was non-certified. MTUS was cited. -Gabapentin compound 180 gm # 1 dispensed 05/20/2014 was non-certified. MTUS was cited. -Gabapentin compound 180 gm # 1 dispensed 06/26/2014 was non-certified. MTUS was cited. -Gabapentin compound 180 gm # 1 dispensed 08/05/2014 was non-certified. MTUS was cited

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL compound 150gm #1 dispensed 5/20/2014 QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18180637>

Decision rationale: Regarding the request for amitriptyline compound, CA MTUS and ODG do not address topical amitriptyline. A search of the National Library of Medicine revealed that no significant change in neuropathic pain intensity was found with topical amitriptyline or placebo. In light of the above issues, the currently requested amitriptyline compound is not medically necessary.

Amitriptyline HCL compound 180 gm #1 dispensed 8/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/18180637>

Decision rationale: Regarding the request for amitriptyline compound, CA MTUS and ODG do not address topical amitriptyline. A search of the National Library of Medicine revealed that no significant change in neuropathic pain intensity was found with topical amitriptyline or placebo. In light of the above issues, the currently requested amitriptyline compound is not medically necessary.

Gabapentin compound 180gm #1 dispensed 5/20/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the requested gabapentin compound, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical gabapentin, the currently requested gabapentin compound is not medically necessary.

Gabapentin compound 180gm #1 dispensed 6/24/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Regarding the requested gabapentin compound, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical gabapentin, the currently requested gabapentin compound is not medically necessary.

Gabapentin compound 180gm #1 dispensed 8/5/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the requested gabapentin compound, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Therefore, in the absence of guideline support for the use of topical gabapentin, the currently requested gabapentin compound is not medically necessary.