

Case Number:	CM15-0102289		
Date Assigned:	06/04/2015	Date of Injury:	08/22/2012
Decision Date:	07/10/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/27/2015

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, 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 59 year old male, who sustained an industrial injury on 08/22/2012. He reported immediate pain in his low back. Treatment to date has included x-rays, medications, physical therapy, MRI, neurological testing, LINT therapy, group therapy, injection to the low back and acupuncture treatments. According to a progress report dated 04/15/2015, the injured worker complained of constant severe dull, achy, throbbing, burning neck pain, heaviness, numbness, tingling and cramping radiating to the left upper extremities. Pain was rated 8 on a scale of 1-10 and was relieved with medication and massage. Pain was associated with headaches. He also described dull, achy, sharp, stabbing, throbbing low back pain, numbness, tingling and cramping radiating to the left lower extremity with numbness tingling, weakness, cramping and muscle spasms. He had relief with medication. Left shoulder pain was described as constant severe dull, achy, throbbing, stiffness, heaviness, numbness and tingling. Pain was rated 8-9 on a scale of 1-10. Diagnoses included cervical sprain/strain, degeneration of cervical intervertebral disc, lumbar sprain/strain, lumbosacral neuritis not otherwise specified, sprain rotator cuff and left shoulder sprain. The treatment plan included topical creams x 1. He was given a prescription for Clonidine for an elevated blood pressure. Currently under review is the request for Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180 grams and Cyclobenzaprine 2%/Flurbiprofen 25% 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180gm: Upheld

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

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and muscle relaxants are specifically not recommended. Dextromethorphan is not addressed. Therefore, this request is not medically necessary.

Cyclobenzaprine 2%/Flurbiprofen 25% 180gm: Upheld

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

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen and muscle relaxants are specifically not recommended, therefore this request is not medically necessary.