

Case Number:	CM15-0106102		
Date Assigned:	06/11/2015	Date of Injury:	11/21/2008
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
 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 54 year old male, who sustained an industrial injury on 11/21/2008. Initial complaints and diagnosis were not clearly documented. On provider visit dated 02/26/2015 the injured worker has reported neck pain that radiated to right shoulder with numbness, tingling and weakness. Low back pain radiating to bilateral legs with numbness, tingling and weakness was noted. In addition, right hip pain, all pain was noted to be relieved with medication regimen. On examination of the cervical and lumbar spine was noted to have a decreased range of motion and pain was noted. A positive straight leg raise on the right was noted. In addition, a decreased range motion was noted on bilateral hips. He has undergone a lumbar spine MRI on 01/02/2014, MRI of cervical spine on 06/27/2014 and electromyogram/nerve conduction study on 10/01/2013. The diagnoses have included cervical disc displacement, cervical stenosis, injury to cervical nerve root, spinal fusion -NOS, lumbar disc displacement, lumbar facet hypertrophy, lumbar stenosis and right and left hip pain. Treatment to date has included oral medication and topical medication. The provider requested Retrospective Amitriptyline/Bupivacaine/Gabapentin/Panthenol, quantity unspecified and Retrospective Baclofen/Camphor/Capsaicin/Dexamethasone, quantity unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Amitriptyline/Bupivacain/Gabapentin/Panthenol, quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 appropriate. Topical Gabapentin and topical Antidepressants (Amitriptyline) are not recommended due to lack of evidence. In addition, the claimant had been on oral analgesics. There is no evidence for the need to overlap topical and oral medications. Since the compound above contains these topical medications, the Amitriptyline/Bupivacain/Gabapentin/Panthenol is not medically necessary.

Retrospective Baclofen/Camphor/Capsaicin/Dexamethasone, quantity unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 appropriate. Topical muscle relaxants such as topical Baclofen due to lack of evidence. In addition, the claimant had been prescribed oral analgesics and other topical analgesics. There is no evidence for the need to overlap multiple topical and oral medications. Since the compound above contains compounds not supported, the compound Baclofen/Camphor/Capsaicin/Dexamethasone is not medically necessary.