

Case Number:	CM15-0132863		
Date Assigned:	07/21/2015	Date of Injury:	04/16/2012
Decision Date:	08/17/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 48 year old male sustained an industrial injury to the low back on 4/16/12. Previous treatment included lumbar fusion and medications. Computed tomography lumbar spine (3/6/15) showed intact L4-5 hardware with possible pseudoarthrosis at L4-5. In a PR-2 dated 6/10/15, the injured worker presented for follow up after L4-5 partial corpectomy, exploration of fusion, removal of cage and L4-5 interbody fusion on 5/7/15. The injured worker complained of ongoing low back pain rated 8/10 on the visual analog scale with radiation down bilateral legs. The pain was aggravated with any movement. The injured worker stated that his pain was somewhat controlled with medications. The injured worker also complained of worsening anxiety, depression and insomnia due to pain. Physical exam was remarkable for tenderness to palpation at the L4-5 spinous processes with spasm, positive sitting root test and hypoesthesia of the left thigh. Current diagnoses included lumbar spine radiculopathy and chronic pain. The treatment plan included Cyclobenzaprine 2%, Gabapentin 15% and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% (unknown dose and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The requested Cyclobenzaprine 2% (unknown dose and quantity) , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants." The injured worker has ongoing low back pain rated 8/10 on the visual analog scale with radiation down bilateral legs. The pain was aggravated with any movement. The injured worker stated that his pain was somewhat controlled with medications. The injured worker also complained of worsening anxiety, depression and insomnia due to pain. Physical exam was remarkable for tenderness to palpation at the L4-5 spinous processes with spasm, positive sitting root test and hypoesthesia of the left thigh. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, or objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Cyclobenzaprine 2% (unknown dose and quantity) is not medically necessary.

Gabapentin 15% (unknown dose and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The requested Gabapentin 15% (unknown dose and quantity), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants." The injured worker has ongoing low back pain rated 8/10 on the visual analog scale with radiation down bilateral legs. The pain was aggravated with any movement. The injured worker stated that his pain was somewhat controlled with medications. The injured worker also complained of worsening anxiety, depression and insomnia due to pain. Physical exam was remarkable for tenderness to palpation at the L4-5 spinous processes with spasm, positive sitting root test and hypoesthesia of the left thigh. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, or objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Gabapentin 15% (unknown dose and quantity) is not medically necessary.

Amitriptyline 10% 180gm, (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The requested Amitriptyline 10% 180gm, (unknown quantity), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants". The injured worker has ongoing low back pain rated 8/10 on the visual analog scale with radiation down bilateral legs. The pain was aggravated with any movement. The injured worker stated that his pain was somewhat controlled with medications. The injured worker also complained of worsening anxiety, depression and insomnia due to pain. Physical exam was remarkable for tenderness to palpation at the L4-5 spinous processes with spasm, positive sitting root test and hypoesthesia of the left thigh. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, or objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Amitriptyline 10% 180gm, (unknown quantity) is not medically necessary.