

Case Number:	CM15-0133277		
Date Assigned:	07/21/2015	Date of Injury:	03/12/2009
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 37 year old female, who sustained an industrial injury on March 12, 2009. She reported an injury to her lower back, right shoulder and right hand. She was diagnosed with a sprain-strain in the shoulder and tendonitis. Treatment to date has included MRI of the right wrist, MRI of the right shoulder, opioid medications, physical therapy, orthotics and home exercise program. Currently, the injured worker complains of pain in her neck, lumbar spine, right shoulder, left shoulder, and bilateral wrists. She describes her cervical spine pain as a dull aching pain with radiation of pain, numbness and tingling to the bilateral upper extremities. She reports that her cervical spine pain is aggravated with turning her head from side to side, turning her head up and down and her pain is relieved with rest and medications. Her lumbar spine pain is described as dull aching pain and she has associated radiation of pain, numbness and tingling to the bilateral lower extremities. Her low back pain is aggravated with forward back bending, lifting and is relieved with rest and medications. She rates her cervical spine and her lumbar spine pain a 7-8 on a 10-point scale with medications and a 9 on a 10-point scale without medications. She describes her bilateral shoulder pain as dull, aching, throbbing and burning pain. Her bilateral shoulder pain is aggravated with reaching overhead and lifting and her shoulder pain is relieved with rest and medications. She rates her bilateral shoulder pain a 7 on a 10-point scale with and without medications. She describes her bilateral wrist pain as dull, aching, throbbing, numbing and burning pain. She reports that her bilateral wrist pain is aggravated with grabbing and holding and her bilateral wrist pain is relieved with medications and rest. She rates her bilateral wrist pain a 7 on a 10-point scale with and without medications.

On physical examination the injured worker has tenderness to palpation over the cervical spine, the lumbar spine, the bilateral shoulders and bilateral wrists. She has noted spasm of the cervical paravertebral muscles of the cervical and the lumbar spine. The diagnoses associated with the request include headache, cervical radiculopathy, cervical sprain-strain, lumbar radiculopathy, lumbar sprain-strain, bilateral shoulder sprain-strain, and bilateral wrist sprain-strain. The treatment plan includes heat/cold therapy, physical therapy, work restrictions, and topical gabapentin-amitriptyline cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical: Gabapentin/Amitriptyline #1, 30 day supply: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Amitriptyline and gabapentin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Topical Gabapentin/Amitriptyline #1, 30-day supply is not medically necessary.