

<b>Case Number:</b>	CM15-0143077		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 48-year-old male, who sustained an industrial injury on December 23, 2009. The mechanism of injury was not provided in the medical records. The injured worker has been treated for neck, low back and bilateral wrist complaints. The diagnoses have included cervical pain, lumbar annular tear, lumbar disc displacement, lumbago, low back syndrome, bilateral wrist pain, pain in or around the eye and headaches. Treatment and evaluation to date has included medications, MRI, urine drug screen, massage and acupuncture treatments. The injured worker was working with modifications. Current documentation dated May 6, 2015 notes that the injured worker reported constant throbbing headaches and constant sharp low back pain. The low back pain was rated a 7 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed a decreased range of motion with flexion and extension and a positive straight leg raise test. A Kemp's test caused pain. The treating physician's plan of care included a request for the compound medication: Gabapentin 10%-Amitriptyline10%-Bupivacaine 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%/Amitriptyline10%/Bupivacaine 5%:** 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:** The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS. This request is not medically necessary.