

Case Number:	CM15-0148720		
Date Assigned:	08/12/2015	Date of Injury:	06/24/2014
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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: Physical Medicine & Rehabilitation, 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:

This injured worker is a 53 year old female who reported an industrial injury on 6-24-2014. Her diagnoses, and or impression, were noted to include: lumbar disc protrusion; lumbar musculoligamentous injury; lumbar sprain-strain; left knee internal derangement; and left knee sprain. No current imaging studies were noted. Her treatments were noted to include: medication management and a return to full duty work. The progress notes of 6-5-2015 reported complaints of worsening, constant, severe low back pain in the lumbar spine that was aggravated by activities, and relieved from medication; frequent, severe left knee pain with numbness and tingling, aggravated by activity, and relieved from medication. Objective findings were noted to include: tenderness of the lumbar para-vertebral muscles, with spasms, positive Kemp's, and decreased range-of-motion; and tenderness of the medial knee with positive McMurray's and decreased range-of-motion. The physician's requests for treatments were noted to include 2 compound creams to be applied to the lumbar spine and left knee.

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%, 180 gm, apply thin layer 3 times daily: 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, 180 gm, apply thin layer 3 times daily, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. As such, the currently requested Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, 180 gm, apply thin layer 3 times daily is not medically necessary.

Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% Camphor 2%, 180 gm, apply thin layer 3 times daily: 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 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% Camphor 2%, 180 gm, apply thin layer 3 times daily, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. As such, the currently requested Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2% Camphor 2%, 180 gm, apply thin layer 3 times daily is not medically necessary.