

Case Number:	CM15-0164108		
Date Assigned:	09/10/2015	Date of Injury:	07/30/2007
Decision Date:	10/07/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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 56 year old female, who sustained an industrial injury on 7-30-2007. The current diagnoses are complex regional pain syndrome-reflex sympathetic dystrophy (RSD) with exacerbation of the right arm, RSD bilateral arms, and failed conservative therapy for pain control. According to the progress report dated 7-13-2015, the injured worker reports exacerbation of right arm and shoulder pain. She notes the pain is worsened, rated 9 out of 10 on a subjective pain scale. The physical examination reveals positive allodynia, hyperalgesia, hyperesthesia, and hypersensitivity to touch-pressure. The current medications are Morphine, Flexeril, and Roxicodone. Treatment to date has included medication management, home exercise program, and stellate ganglion block. Work status is described as permanent and stationary. The original utilization review (7-23-2015) had non-certified a request for CMPD (Amitriptyline-Baclofen-Clonidine-Gabapentin-Lidocaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Amitriptyline/Baclofen/Clonidine/Gabapentin/Lidocaine QTY: 240 with 5 refills:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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. The proposed compound contains Gabapentin that is not recommended by MTUS as a topical analgesic. Furthermore there no documentation of failure of first line oral therapies. Based on the above, the request for CMPD Amitriptyline/Baclofen/Clonidine/Gabapentin/Lidocaine QTY: 240 with 5 refills is not medically necessary.