MAXIMUS Federal Services

Case Number:	CM15-0203324		
Date Assigned:	10/20/2015	Date of Injury:	05/15/2011
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/15/2015

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

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 63 year old male who sustained an industrial injury on 5-15-11. The injured worker reported pain in the neck, back, wrist and knees. A review of the medical records indicates that the injured worker is undergoing treatments for lateral and medial meniscus tear of right knee, cervical spine disc desiccation and multi-level disc protrusions. Medical records dated 5-27-15 indicate pain rated at 5 out of 10. Provider documentation dated 5-27-15 noted the work status as temporary totally disabled. Treatment has included physical therapy and right knee radiographic studies (5-8-15). Objective findings dated 5-27-15 were notable for tenderness to palpation to the upper trapezius muscles bilaterally with limited cervical spine range of motion, right knee with tenderness to palpation to the peripatellar region and limited range of motion. The original utilization review (9-30-15) denied a request for Retro: Amitriptyline-Dextromethorphan-Gabapentin date of service 5-28-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Amitriptyline/Dextromethorphan/Gabapentin date of service 5/28/15: Upheld

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

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

Decision rationale: The 63 year old patient complains of pain in neck, mid back and low back pain, rated at 5/10, and right knee pain, rated at 8/10, as per progress report dated 05/27/15. The request is for RETRO: AMITRIPTYLINE/DEXTROMETHORPHAN/GABAPENTIN DATE OF SERVICE 5/28/15. The RFA for this case is dated 04/17/15, and the patient's date of injury is 05/15/11. Diagnoses, as per progress report dated 05/27/15, included lateral meniscus tear of the right knee, medial meniscus tear of the right knee, posterior cruciate ligament tear of the right knee, degenerative arthritis of the right knee, bone contusion of the right knee, cervical spine multilevel disc protrusion, cervical spine disc desiccation, and cervical spine annular tears. Medications included Tylenol #4, Gabapentin and transdermal compounds. The patient is temporarily totally disabled, as per the same report. MTUS chronic pain guidelines 2009, Topical Analgesics section on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." As for Capsaicin, a component of Medi-Derm cream, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, request for transdermal creams is first noted in progress report 12/05/14. The treater, however, does not specify the composition of these topical products. A specific request for Amitriptyline/Dextromethorphan/Gabapentin is noted in RFA dated 04/17/15. In a "Compounded Creams Attachment' dated 04/17/15, the treater states the goal of topical compounds is to provide adjunctive treatment minimizing the potential side effects of oral medications." The creams are being prescribed to increase strength, minimize/reduce pain, decrease dependency on medication, stabilize and control pain, increase ROM, help in rehab process, decrease musculoskeletal pain, limiting potential risk of toxicity, and prevent medication-induced gastritis. However, in progress report dated 05/27/15, the treater states pain is poorly controlled by medications, although there are no side effects. The treater does not discuss why this topical formulation was chosen over others. There is no discussion about how and where the cream is being is used. The compounded cream contains Dextromethorphan, which is a cough suppressant, and Amitriptyline, is a tricyclic antidepressant. Dextromethorphan is not discussed in MTUS for topical application but MTUS specifically states that anti- depressants such as Amitriptyline are not recommended. Gabapentin is also not recommended in any topical formulation. Additionally, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.