

Case Number:	CM15-0205452		
Date Assigned:	10/22/2015	Date of Injury:	08/30/2013
Decision Date:	12/14/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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 York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 34 year old male, who sustained an industrial injury on 8-30-13. The injured worker was diagnosed as having cervical and lumbar radiculopathy and lumbar facet hypertrophy. Subjective findings (6-16-15, 9-4-15) indicated pain in the neck and lower back. The injured worker has not worked since 2-2015. He rated his pain 5-7 out of 10. Objective findings (6-16-15, 9-4-15) revealed decreased cervical and lumbar range of motion, decreased sensation over the right L3-L5 dermatome to pinprick and decreased sensation in the right C6-C7 dermatomes. As of the PR2 dated 9-11-15, the injured worker reports pain in his neck and lower back. He rates his pain 7-8 out of 10. Objective findings include decreased cervical and lumbar range of motion, decreased sensation over the right L3-L5 dermatome to pinprick and decreased sensation in the right C6-C7 dermatomes. Current medications include Flexeril, Norco, Capsaicin cream, Gabapentin and Gabapentin-Amitriptyline-Dextromethorphan (since at least 5-28-15). Treatment to date has included a cervical epidural injection on 3-31-15, a lumbar MRI on 5-28-15, physical therapy x 15 sessions, acupuncture x 6 sessions, Advil, Norco and Tramadol. The Utilization Review dated 10-9-15, non-certified the request for Gabapentin-Amitriptyline-Dextromethorphan 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Amitriptyline/Dextromethorphan 180gm: 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: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and the use of topical amitriptyline and gabapentin are not supported. The request for topical Gabapentin/Amitriptyline/Dextromethorphan is not medically necessary and appropriate.