

Case Number:	CM15-0024670		
Date Assigned:	02/17/2015	Date of Injury:	08/25/2014
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 female who sustained an industrial injury on 08/25/2014. She complains of low back pain that radiates in the left buttock. Diagnosis is lumbar sprain/strain. Treatment to date has included medications, and lumbar brace. A handwritten physician progress note dated 11/10/2014 is illegible. A physician note dated 09/29/2014 documents the injured worker has a slightly antalgic gait. She complains of low back pain with pain down the left buttock and leg. She has midline tenderness in the lumbar spine, and pain with flexion. Magnetic Resonance Imaging of the lumbar spine done on 10/16/2014 showed spondylosis at L4-L5, disc desiccation is noted at L4-L5. There is no evidence of signal abnormality within the conus medullaris or cauda equina or within the exiting or traversing nerve roots. Treatment requested is for Cyclobenzaprine 2%/Flurbiprofen 25%, and Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10%. On 01/26/2015 Utilization Review non-certified the request for Cyclobenzaprine 2%/Flurbiprofen 25%, and Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10%, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

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%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medical documentation provided does not indicate failure of first line treatments. As such, the request for Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% is not medically necessary.

Cyclobenzaprine 2%/Flurbiprofen 25%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medical documentation provided does not indicate failure of first line treatments. As such, the request for Cyclobenzaprine 2%/Flurbiprofen 25% is not medically necessary.