

Case Number:	CM15-0047158		
Date Assigned:	03/19/2015	Date of Injury:	03/17/2013
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female with an industrial injury dated 03/17/2013. Her diagnosis includes cervical radiculopathy, lumbar radiculopathy, lumbar spine multi-level disc protrusions, myospasm and chronic pain. She has been treated with therapy, acupuncture and medication. In the progress note dated 02/26/2014 the physician notes the injured worker complains of constant upper and low back pain. Examination revealed tenderness of the cervical and lumbar spine with limited range of motion secondary to pain. The physician refilled her medications and prescribed topical compounds for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan10% 180 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The injured worker sustained a work related injury on 03/17/2013. The medical records provided indicate the diagnosis of cervical radiculopathy, lumbar radiculopathy, lumbar spine multi-level disc protrusions, myospasm and chronic pain. She has been treated with therapy, acupuncture and medication. The medical records provided for review do not indicate a medical necessity for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180 gm. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore the requested treatment is not medically necessary and appropriate because all the listed drugs are non recommended.

Cyclobenzaprine 2%, Gabapentin 15% Amitriptyline 10% 180gm: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 03/17/2013. The medical records provided indicate the diagnosis of cervical radiculopathy, lumbar radiculopathy, lumbar spine multi-level disc protrusions, myospasm and chronic pain. She has been treated with therapy, acupuncture and medication. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 2%, Gabapentin 15% Amitriptyline 10% 180gm. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore the requested treatment is not medically necessary and appropriate because all the listed drugs are non recommended.