

Case Number:	CM15-0054977		
Date Assigned:	03/30/2015	Date of Injury:	10/16/2012
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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 44 year old male, who sustained industrial injuries on a continuous trauma basis from March 1, 2002-October 16, 2002. He has reported subsequent back, right hand and knee pain and was diagnosed with lumbar disk protrusion with radiculopathy and bilateral knee tendinosis. Treatment to date has included oral pain medication, Cortisone injection, physical therapy and acupuncture. In a progress note dated 01/08/2015, the injured worker complained of pain in the neck and shoulders that was rated as 7-8/10. Objective findings were notable for an antalgic gait and tenderness of the lumbar paravertebral area. A request for authorization of a refill of Gabapentin/Amitriptyline/Dextromethorphan/Mediderm base cream was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro transdermal compound - Gabapentin 10%/Amitriptyline10%/Dextromethorphan10%/Mediderm Base 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 03/1 2002 to 03/16/2002 . The medical records provided indicate the diagnosis of lumbar disk protrusion with radiculopathy and bilateral knee tendinosis. Treatment to date has included oral pain medication, Cortisone injection, physical therapy and acupuncture. The medical records provided for review do not indicate a medical necessity for. The topical analgesics are Largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. None of the agents is a recommended topical analgesic.