

Case Number:	CM15-0080166		
Date Assigned:	05/01/2015	Date of Injury:	06/22/2014
Decision Date:	06/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/27/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 52 year old male, who sustained an industrial injury on June 22, 2014, incurring multiple injuries after a fall. He was diagnosed with cervical radiculopathy, cervical disc protrusion, lumbar disc protrusion and lumbar radiculopathy, right knee meniscus tear and right sacroiliac joint sprain. Treatment included physical therapy, medications and diagnostic imaging. Currently, the injured worker complained of persistent headaches, neck, low back, shoulders, wrist, hips, right leg, and ankle and foot pain. The treatment plan that was requested for authorization included a retrospective request for Gabapentin, Amitriptyline and Dextromethorphan on February 2, 2015, and a retrospective request for Cyclobenzaprine and Flurbiprofen on March 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, #180gm, provided on date of service: 02/02/15: Upheld

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

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

Decision rationale: The patient is a 52 year old male with an injury on 06/22/2014. He had multiple injuries from a fall and had neck, back, knee, wrist, ankle, foot and shoulder pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Gabapentin 15% which is not recommended; thus the requested compound topical analgesic medication in not medically necessary.

Retrospective request for Cyclobenzaprine 2%, Flurbiprofen 25% #180gm, provided on date of service: 03/05/15: Upheld

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

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

Decision rationale: The patient is a 52 year old male with an injury on 06/22/2014. He had multiple injuries from a fall and had neck, back, knee, wrist, ankle, foot and shoulder pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Cyclobenzaprine 2% which is not recommended; thus the requested compound topical analgesic medication in not medically necessary.