

Case Number:	CM15-0086486		
Date Assigned:	05/08/2015	Date of Injury:	01/14/2013
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	05/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old female sustained an industrial injury on 1/14/13. She subsequently reported neck, low back, bilateral wrist and knee pain. Diagnoses include lumbar strain and sprain and cervical strain and strain, bilateral shoulder impingement and left knee derangement. Treatments to date include x-ray and MRI testing, chiropractic care, injections and prescription pain medications. The injured worker continues to experience low back pain with radiation, numbness and weakness. On examination, there is tenderness and spasm noted upon palpation of the cervical and lumbar spine. There is tenderness upon palpation of the bilateral wrists. Phalen's test is positive. There is crepitus and edema with limited range of motion and changes of gait noted. A request for Tylenol #3 and Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base, 180gm medications was made by the treating physician.

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% in cream base, 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119.

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

Decision rationale: The patient presents with lumbar spine, and bilateral wrists and knees radiating pain. The request is for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base, 180gm. The request for authorization is dated 03/16/15. Physical examination reveals tenderness to palpation to the cervical and lumbar spine, and bilateral wrists and knees. Positive Tinel's sign and Phalen's test. Positive crepitus and edema with limited range of motion and change of gait. Patient's medications include Tylenol #3, Naproxen and Compound Cream. Per progress report dated 03/16/15, the patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

Tylenol #3 T Tab pp every 4-6 as needed #40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 82, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89,76-78.

Decision rationale: The patient presents with lumbar spine, and bilateral wrists and knees radiating pain. The request is for Tylenol #3 T tab pp every 4-6 as needed #40. The request for authorization is dated 03/16/15. Physical examination reveals tenderness to palpation to the cervical and lumbar spine, and bilateral wrists and knees. Positive Tinel's sign and Phalen's test. Positive crepitus and edema with limited range of motion and change of gait. Patient's medications include Tylenol #3, Naproxen and Compound Cream. Per progress report dated 03/16/15, the patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain

relief. Treater does not specifically discuss this medication. Submitted progress reports are handwritten with minimal information. In this case, it appears this is the initial trial prescription of Tylenol #3. Given the patient's condition, the use of this medication appears reasonable. Therefore, the request is medically necessary.