

Case Number:	CM15-0088134		
Date Assigned:	05/12/2015	Date of Injury:	03/11/2004
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/07/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 33 year old female, who sustained an industrial injury on 3/11/04. She reported a back injury. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, predominant disturbance of emotions, thoracic/lumbosacral neuritis/radiculitis and depressive disorder. Treatment to date has included oral medications. Currently, the injured worker complains of pain in low back rated 8/-9/10, pain in neck rated 0-4/10 and pain in right shoulder which is intermittent and rated 0-5/10. All pain is relieved by rest and medications. Objective findings noted normal vital signs. The treatment plan included continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10 Percent, Amitriptyline 3 Percent, Lidocaine 5 Percent and Capsaicin .025 Percent 120 Grams: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. The cream contains capsaicin a topical analgesic not recommended by MTUS. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above, the request for Gabapentin 10 Percent, Amitriptyline 3 Percent, Lidocaine 5 Percent and Capsaicin .025 Percent 120 Grams cream is not medically necessary.