

Case Number:	CM14-0114997		
Date Assigned:	08/04/2014	Date of Injury:	06/05/2007
Decision Date:	10/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old female who had a work related injury on 06/05/07. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 03/12/14. The injured worker continued to complain of constipation and acid reflux. She also reported insomnia with jaw pain upon waking and anxiety and cervical spine and lumbar spine pain. She denied any bright red blood per rectum. Physical examination, the injured worker was alert and oriented, pleasant and cooperative. Abdomen was soft and non-tender, normal active bowel sounds, extremities, no clubbing, cyanosis, or edema, extremity examination of tenderness and range of motion was deferred to the appropriate specialist, no other significant findings of physical examination. Diagnoses are GERD, Cervical pain, Constipation, Internal hemorrhoids per colonoscopy, cervical spine radiculopathy, and Lumbar spine radiculopathy. Medrox patch, Topical cream Theramine, Sentra PM Trepadone Sentra AM prior utilization review on 07/11/14 was non-certified. Current request is for compounded drug with Gabapentin, Amitriptyline, and Dextromethorphan duration and frequency unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/amit/dex (duration unknown and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains: Gabapentin which has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.