

Case Number:	CM14-0161386		
Date Assigned:	10/06/2014	Date of Injury:	01/20/2009
Decision Date:	11/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year old with an injury date on 1/20/09. The patient complains of low lumbar pain rated 8/10, right knee pain rated 8/10, and left ankle pain rated 7/10 with no radiation or associated numbness/tingling/weakness, per 7/31/14 report. The patient reported that he is suffering from anxiety and as a result, was not able to complete his MRI study, per 7/31/14 report. Based on the 7/31/14 progress report the diagnoses are low back pain, right knee strain and left ankle strain. Exam on 7/31/14 showed "Decreased L-spine range of motion, negative straight leg raise and mild pain of right knee with flexion/extension. Left ankle has pain with plantar flexion/dorsiflexion." The patient's treatment history includes MRI of right knee, MRI of L-spine, and X-ray of the orbits, with all procedures taking place since 7/25/14. The treating doctor is requesting Xanax 0.5mg #30, Gabapentin/Amitriptyline cream 180g, and cyclobenzaprine/Gabapentin cream 180g. The utilization review determination being challenged is dated 9/3/14. Treatment reports provided are from 4/4/14 to 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with lower back pain, right knee pain, and left ankle pain. The treater has asked for Xanax 0.5mg #30 on 7/31/14. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, however, the treater does not indicate that this is to be used for short-term. Furthermore, this patient struggles with chronic pain, and there is no discussion as to how this medication is to be tapered off. Therefore, this request is not medically necessary.

Gabapentin/Amitriptyline Cream 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18,.

Decision rationale: This patient presents with lower back pain, right knee pain, and left ankle pain. The treater has asked for Gabapentin/Amitriptyline cream 180g on 7/31/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend any muscle relaxant for topical use. As a topical, Gabapentin is not indicated, per MTUS guidelines. Therefore, the request is not medically necessary.

Cyclobenzaprine/Gabapentin Cream 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with lower back pain, right knee pain, and left ankle pain. The treater has asked for cyclobenzaprine/Gabapentin cream 180g on 7/31/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend any muscle relaxant for topical use. As a topical, cyclobenzaprine is not indicated, per MTUS guidelines. Therefore, this request is not medically necessary.