

Case Number:	CM14-0182629		
Date Assigned:	11/07/2014	Date of Injury:	07/17/2014
Decision Date:	12/16/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 39-year-old male with the date of injury of 07/17/2014. The patient presents with pain in his lower back, radiating down lower extremities, left side worse than right. The patient rates his pain as 5/10 on the pain scale, without medication. The patient presents limited range of lumbar motion in all planes due to end range back pain. The MRI of the lumbar from 08/18/2014 reveals 10 straitening of lumbar spine 20 early disc desiccation at L4-5 and L5-S1 levels 3) L4-5: diffuse disc protrusion with thecal sac effacement. Disc measurement: neutral 2.9mm; flexion 2.9mm; extension 2.9mm 4) L5-S1: diffuse disc protrusion with thecal sac effacement 5) patent spinal canal and neural foramina at all lumbar spine level 6) no significant interval change compared with previous scan of 05/30/2012. The patient is currently taking Tramadol, Anaprox, Alprazolam and Omeprazole. The patient is not currently working. According to [REDACTED] report on 10/10/2014, diagnostic impressions are; 1) Lumbar disc displacement with radiculopathy. 2) Lumbar myositis, myalgia.3) Lumbar radiculopathy.4) Lumbar spine sprain/ strain. 5) Insomnia. The utilization review determination being challenged is dated on 10/28/2014. [REDACTED] is the requesting provider, and he provided one treatment report on 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, apply thin layer TID: 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): 111,112.

Decision rationale: The patient presents with pain and weakness in his lower back and legs bilaterally. The request is for Gabapentin 10%, Amitriptyline 10%, and Bupivacaine 5%, apply a thin layer TID. MTUS guidelines do not recommend Gabapentin or Amitriptyline as topical cream. MTUS page 111 do not support compounded topical products if one of the components are not recommended. Given the lack of support for topical gabapentin or Amitriptyline, therefore, Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, apply thin layer TID is not medically necessary.