

Case Number:	CM15-0018169		
Date Assigned:	02/06/2015	Date of Injury:	05/03/2013
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

A 69 year old female sustained an industrial injury on 05/03/2013. Current diagnoses include cervical spine disc protrusion and lumbosacral disc protrusion. Previous treatments included medication management, percutaneous epidural decompression neuroplasty of the lumbosacral nerve roots with lumbar facet blocks on 06/18/2014, 06/25/2014, cervical epidural steroid injection on 07/31/2014, and percutaneous epidural decompression neuroplasty of the cervical nerve roots on 08/06/2014. Report dated 09/30/2014 noted that the injured worker presented with complaints that included pain in the neck and back. Physical examination was positive for abnormal findings. Utilization review performed on 12/29/2014 non-certified a prescription for Gabapentin/Amitriptyline/Dextromet/Versapro, based on the guidelines do not support the use of compounded medications. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Amitriptyline/Dextromet/Versapro 180gm: Upheld

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

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

Decision rationale: Topical analgesics are experimental and have limited trials to prove efficacy. Primary use is for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Clinical information does not document prior trials with either of these agents in this patient. In addition, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, topical gabapentin and topical amitriptyline is not recommended. For these reasons, this request for gabapentin, amitriptyline, dextromet, versapro is not medically necessary and appropriate.