

Case Number:	CM15-0018312		
Date Assigned:	02/12/2015	Date of Injury:	08/16/2012
Decision Date:	03/30/2015	UR Denial Date:	12/27/2014
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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 26 year old male, who sustained an industrial injury on 08/06/2012. He has reported low back pain. The diagnoses have included lumbar sprain/strain; lumbar disc displacement; and lumbar spine stenosis. Treatment to date has included medications and physical therapy. Medications have included Voltaren XR and topical compounded medications. Currently, the IW complains of frequent dull and aching pain in the low back with pain radiating to the left leg; pain is rated at 8-9/10 on the visual analog scale; and the pain is accompanied with numbness, weakness, tingling, and burning-type sensation. A progress note from the treating physician, dated 08/26/2014, reports objective findings to include spasm and tenderness to palpation over the paraspinal muscles of the lumbosacral spine, bilaterally; decreased range of motion of the lumbar spine; and straight leg raising test is positive on the left side. The treatment plan has included request for an initial Functional Capacity Evaluation; Durable Medical Equipment in the form of muscle stimulator unit, and heat and cold pack, for the lumbar spine; neurosurgical consultation for the lumbar spine; and medication prescriptions. On 12/27/2014 Utilization Review non-certified a prescription for Gabapentin/Amitriptyline/Tramadol; and a prescription for Tramadol/Flurbiprofen/Cyclobenzaprine. The CA MTUS was cited. On 01/30/2015, the injured worker submitted an application for IMR for review of Gabapentin/Amitriptyline/Tramadol; and of Tramadol/Flurbiprofen/Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Amitriptyline/Tramadol: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. Therefore, the request for the compound medication is not medically necessary.

Tramadol/Flurbiprofen/Cyclobenzaprine: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

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