

Case Number:	CM15-0113668		
Date Assigned:	06/22/2015	Date of Injury:	07/08/2013
Decision Date:	07/28/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male, who sustained an industrial injury on 7/8/13. The injured worker was diagnosed as having cervical spine herniated nucleus pulposus, lumbar spine sprain/strain, and bilateral knee medial meniscus tear. Treatment to date has included extracorporeal shockwave treatment, epidural injections, epidural decompression neuroplasty of lumbosacral nerve roots, acupuncture, physical therapy, use of a cold unit, use of an interferential unit, and medication. On 3/26/15, pain was rated as 7/10. Currently, the injured worker complains of pain in the cervical spine, lumbar spine and bilateral knees. The treating physician requested authorization for Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% in cream base 180g and Cyclobenzaprine 2%/Flurbiprofen 25% in cream base 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

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

Decision rationale: The patient presents with neck pain and 5mm disc protrusion at C5/6. The current request is for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base 180gm. The treating physician in this case has prescribed a compounded topical analgesic that contains Gabapentin. The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS goes on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." There is no medical rationale provided in the records provided to indicate why the patient requires a topical analgesic that is not recommended by the MTUS guidelines. The current request is not medically necessary.

Cyclobenzaprine 2%, Flurbiprofen 25% in cream base 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

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

Decision rationale: The patient presents with neck pain and 5mm disc protrusion at C5/6. The current request is for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% in cream base 180gm. The treating physician in this case has prescribed a compounded topical analgesic that contains Gabapentin. The MTUS guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS goes on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." There is no medical rationale provided in the records provided to indicate why the patient requires a topical analgesic that is not recommended by the MTUS guidelines. The current request is not medically necessary.