

Case Number:	CM15-0120117		
Date Assigned:	06/30/2015	Date of Injury:	08/18/2014
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 56 year old female with an industrial injury dated 08/18/2014. The injured worker's diagnoses include metatarsal fracture, right knee arthroscopy surgery on 03/25/2015, and lumbar spine herniated nucleus pulposus x3 and insomnia. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03/31/2015, the injured worker reported pain in lumbar spine, toes and right knee. The injured worker rated pain 8/10, increased with activity and decreased with treatment and medications. According to the progress note dated 05/05/2015, objective findings revealed positive medial joint line tenderness. Some documents within the submitted medical records are difficult to decipher. The treating physician prescribed Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10%, 180 gm (x2) and Cyclobenzaprine 2%, Flurbiprofen 25%, 180 gm (x2) now under review.

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%, 180 gm (x2): 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.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed or the presence of a neuropathic pain condition, the medical records do not support use of this medication congruent with MTUS.

Cyclobenzaprine 2%, Flurbiprofen 25%, 180 gm (x2): 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.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed or the presence of a neuropathic pain condition, the medical records do not support use of this medication congruent with MTUS.