

Case Number:	CM15-0064772		
Date Assigned:	04/10/2015	Date of Injury:	05/08/2014
Decision Date:	05/18/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/06/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 39 year old female who sustained an industrial injury on 05/08/2014. Diagnoses include cervical disc syndrome, cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, left shoulder impingement syndrome, left shoulder internal derangement, de Quervain's disease and left elbow tenosynovitis. Treatment to date has included medications, acupuncture, chiropractic treatment, brace and epidural steroid injections. A physician progress note dated 03/10/2015 documents the injured worker complains of frequent, moderate sharp, stabbing neck pain with numbness and tingling in the cervical spine, lumbar spine and left shoulder. Range of motion of the cervical spine is restricted and there is tenderness to palpation, and spasms of the cervical paravertebral muscle, with a positive Spurling's bilaterally. There are decreased and painful ranges of motion to the lumbar spine, and straight leg raising is decreased and painful. The left shoulder has decreased and painful range of motion with a positive Neers and Hawken's. The medications listed are Naprosyn, omeprazole, acetaminophen and topical analgesics. Treatment requested is for Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 15%/ Amitriptyline 4%/ Dextrmethorphan 10% 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line oral anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical formulation of Lidocaine in the form of patch. The records did not indicate that the patient could not tolerate or had failed treatment with the oral formulations of the first line medications. There is lack of guidelines or FDA support for the utilization of topical formulations of gabapentin, amitriptyline or dextromethophan. The criteria for the use of Gabapentin 15% / Amitriptyline 4% / Dextromethophan 10% 180gm were not medically necessary.