

Case Number:	CM15-0066080		
Date Assigned:	04/14/2015	Date of Injury:	09/03/2013
Decision Date:	05/13/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/08/2015

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: Massachusetts

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 40 year old, male who sustained a work related injury on 9/3/13. The diagnoses have included lumbar disc protrusion, lumbar radiculopathy, cervical radiculopathy, cervical disc herniation and left shoulder sprain/strain. Treatments have included physical therapy, medications, MRIs, TENS unit therapy, lumbar epidural steroid injections, lumbar facet injections, and lumbar radiofrequency ablation. In the Initial Pain Management Consultation Report dated 1/8/15, the injured worker complains of chronic, constant low back pain. He rates the pain a 7/10. He states the pain is more left sided with shooting pain into his left buttock, thigh and down to the knee. He complains of left shoulder and arm pain. He states he falls periodically from weakness he has in his legs. The treatment plan is a recommendation for medicated topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Amitriptyline/Capsaicin for lumbrosacral neuritis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 121-122; 112;113.

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

Decision rationale: MTUS, Topical Analgesics, p111-113. According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The requested treatment is not medically necessary.